

2016 RICHMOND REGISTRATION FORM

YES! I want to join the Wellness Movement

"Beauty-n-Motion" Walk for Women & Girls

SATURDAY, OCTOBER 22ND, 2016

BON SECOURS WASHINGTON REDSKINS TRAINING CENTER
2401 West Leigh St, Richmond, Va. 23219



I'm participating as a Single Walker Walk Supporter Team Walker

If Applies:

Team Name: _____ Team Captain _____

CONTACT INFORMATION

First: _____ MI: _____ Last: _____

E-mail: _____ Date of Birth: __/__/____ Female Male

Address: _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

T-shirt size: Youth: S (6-8) M (10-12) Adult: S M L XL XXL XXXL

Registration fees: All include: Official T-shirt & Gift Bag

\$35.00 Adult (ages 13 & Up) 3 Mile Walk Adult * 1 Mile Walk Adult * Early Bird Adult \$30 (deadline 10/1/16)

\$25.00 Youth (ages 6-12) 3 Mile Walk Youth * 1 Mile Walk Youth * Early Bird Youth \$20 (deadline 10/1/16)

Make A Donation Only:- Dream Walker Donation \$45 (includes t-shirt mailed) Other Donation \$ _____

PAYMENTS Make Check payable to: **Black BeautyShop**, Mail to : PO Box #305 * Mechanicsville, VA 23111

Total Amount \$ _____ Cash Check # _____ Credit/Debit Card

Visa/MC/AE/Discover # _____ Exp. Date ____/____ Verification Code _____

Cardholder Name

Cardholder Signature

Waiver

PHOTOGRAPHIC AND RECORDS RELEASE AND WAIVER AND RELEASE OF CLAIMS ("THE RELEASE"): Waiver By indicating "I Agree", I acknowledge my understanding that physically participating in the Black Beautyshop Health Foundation United Charitable Programs "BeautyNMotion Run/Walk For Women" involves a strenuous activity which I am physically capable of undertaking, and I represent that I have received no restrictions on such activity from any physician. I further understand that my physical participation in the Black BeautyShop Health Foundation/United Charitable "BeautyNMotion Walk For Women" involves inherent risks of personal injury and loss of property. I hereby waive my right to assert any claim that I may have, now or in the future, against Black BeautyShop Health Foundation, United Charitable Programs, Wade & Associates Group, all event sponsors and volunteers, the City of Richmond, VA. the Bons Secours Redskins Training Center, and any individuals having any connection to the event, for injuries, accidents, property losses or hazardous health conditions I might suffer as a result of my participation in this event. I grant full permission for event organizers to use in promotional materials presented in any medium, my name, likeness, image, voice, photographs, videotapes or quotations. This permission is perpetual and worldwide. I understand that my Registration Fee is non-refundable and is not tax-deductible. The Registration Fee helps to cover costs associated with registration materials and registration processing.

PARTICIPANT NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____ DATE _____

(PARENT OR LEGAL GUARDIAN'S SIGNATURE IF UNDER 18) DATE _____

Participant's Name/Date

Participant's Signature or (Parent/Guardian if under 18)

