

the joy project
where hope takes root



CHANGE YOUR PACE MAIL IN REGISTRATION FORM

5 kilometer Walk/Skip Fundraising Event for The Joy Project
Saturday, October 16th, 2010, 10 am
Hidden Falls Region Park, North Entrance, St. Paul, MN

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Participation for mail in registrants is free.

You must include \$25 if you want a T-shirt or \$50 if you want a T-shirt and water bottle.

Please download and use the Pledge Collection Sheet to track donations.

Will you be 18 or over by the day of the event? Yes or No

If no, have parent or guardian sign waiver below

T-shirt size (adult, unisex): Small Medium Large XL XXL

WAIVER:

I wish to participate in the Change Your Pace five kilometer walk. I understand that participation in the event is potentially hazardous and that I should not participate unless I am medically able. In particular, I will not participate in this event if I am placed on activity restriction. By my signature, I certify that I am medically able. I understand that the event will be held using public paths and facilities open to the public during the event and on which hazards are to be expected. Participation carries with it certain inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, sponsors, organizers and assigns. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release The Joy Project and their respective employees, sponsors, officials, organizations, friends of the event, spectators,

volunteers now or in the future, for any claim, loss or liability that I may have arising out of my participation in the event, including bodily injury, death or property damage whether caused by negligence or carelessness of their leases or otherwise. I have read and understand this waiver and release.

Signature _____

Participants under 18 years old must have parents also read and sign

ADDITIONAL PLEDGE CHECKS MAY BE MAILED TO THE JOY PROJECT OR TURNED IN THE DAY OF THE EVENT. THESE WILL BE CREDITED TO YOUR NAME.

**PLEASE MAIL THIS FORM ACCOMPANIED BY
PERSONAL CHECK OR COLLECTED PLEDGE CHECKS TO:**

The Joy Project
PO Box 16488
St. Paul, MN 55116

Postmark by October 11th, 2010