

Registration Form

*Required Information

First Name*	M.I.	
Last Name*		
Doggie Name		
Street Address*		
City*	State*	Zip*
Home Phone*	Work Phone	
E-mail*		
Gender	Date of Birth	
Employer		

Form a Team!

What is a team? A team is any size group of co-workers, students, church members, families, and/or friends that pre-register, raise money and walk together.

How do you form a team?

1. Choose a team captain and team name.
2. Be sure all team members register individually, either online or using the attached Registration Form.
3. Fundraise!

Team Information

(If walking or running as an individual, please leave this section blank)

Team Name
Team Captain

Team Category

- Organization/Nonprofit/Professional Association/Church
- Small Business (50 or fewer employees)
- Corporate (51+ employees)
- College/University
- School (K-12)
- Friends/Family/Pets

I am participating in: 5K Walk 10K Run

Registration Categories

- Walker Registration\$10
- Runner Registration\$25
- Pet Registration\$10
- Virtual Walker\$25
(I can't attend, but will participate by fundraising online)
- YouthFree
(K-12th grade or younger)
- Living with.....Free
- I do do not want to be part of the
living with celebration

- This is my first **AIDS_wALK**
- Number of years participated: _____

PLEASE READ AND ACCEPT THESE TERMS BEFORE WALKING/RUNNING

For those walking/running in **AIDS_wALK 2009**: In consideration of this application being accepted, I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Southern Arizona **AIDS** Foundation (SAAF), SAAF Employees and Board of Directors, and all organizers, University of Arizona, University of Arizona Board of Regents, Pima County, the City of Tucson, volunteers and sponsors of **AIDS_wALK 2009** for any and all injuries suffered by me in said event. I attest that I am physically fit for participation in this event. I give my full permission to the Southern Arizona **AIDS** Foundation and its affiliates to use any photographs, videotapes or other recordings of me that are made during the course of this event.

Participant Signature*	Date
Parent/Guardian Signature (if participant is under 18)*	Date

PRESENTED BY

