



# AIDS WALK/RUN 2014 Official Registration Form September 28th, 2014

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Official Waiver:** MUST BE SIGNED BY ALL PARTICIPANTS/GUARDIANS BEFORE PARTICIPATING IN THE WALK/RUN. (Parent or Guardian must sign for a child 18 yrs. of age and younger.) I hereby affirm that I am in proper physical condition to participate in the 2014 Nebraska AIDS Project AIDS Walk. I agree to assume all risk of injury to myself and all risk of damage or loss of property arising out of my participation in this Event. I hereby waive, release, and forever discharge the Nebraska AIDS Project, all Event sponsors, Event staff, volunteers and other persons or entities affiliated with the Event, from any and all claims, causes of action, damages, losses (economic or noneconomic) and liabilities of every kind ("claims") for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in the Event. I will abide by any and all event rules and regulations. I understand that my entry is non-refundable. I agree to the use of any and all images/pictures, etc from the event to be used for publicity and marketing purposes.

I agree to the Waiver terms and conditions.

I am enclosing the suggested \$20 registration fee to receive a t-shirt.

Do it for Life!



Walk/Run for a Cure

T-SHIRT SIZE: **SMALL MEDIUM LARGE XLARGE 2XL**

Signature \_\_\_\_\_

Date \_\_\_\_\_

To guarantee availability of t-shirts, registration forms and fees must be received by September 17th, 2014. Please bring all donation money to the check-in point the day of the walk, September 28th, 2014. Acceptable forms of payment are: check, money orders and cash. Please make checks and money orders payable to Nebraska AIDS Project.



**Mail completed forms to:**

Nebraska AIDS Project  
P.O. Box 2378  
Kearney, NE. 68848