



DR. ROBERT J. FASS MEMORIAL

AIDS WALK OHIO

CENTRAL OHIO

WALK & RUN

Saturday, April 16 | McFerson Commons

OFFICIAL REGISTRATION FORM

Register for the 2016 Dr. Robert J. Fass Memorial AIDS Walk Central Ohio online or by completing and mailing the registration form below. Copy for additional entries. ***Required**

***Participation type:** [check one]

- 5K Run (\$30)
 5K Walk (\$20)
 1 Mile Stroll (\$20)
 Virtual Walker (\$20)
 Student Run (\$10)
 Student Walk (\$10)
 _____ [DISCOUNTED RATE]
 I cannot attend. Please accept my donation of: \$ _____

AIDS Walk Bar Crawl: [one drink ticket per bar on each route] Count me in! (Add \$30)
 Choose route: Short North Route German Village Route

*** I am registering to:** [check one] Walk as an individual Start a team Join a team

*FIRST NAME _____ LAST NAME _____

*ADDRESS _____

*CITY _____ *STATE _____ *ZIP _____

*PHONE _____ *EMAIL _____

TEAM NAME _____ TEAM CAPTAIN _____

Shirt Size: [check one] S M L XL XXL
Gender: [check one] M F _____

Payment Type: [required check one]
 Cash Check Credit Card: VISA MasterCard AMEX Discover

Total: _____ Card Number: _____
 Exp. Date: _____ CVV: _____

Participant Signature: _____

I have read and agreed to the participation waiver located on the back.

Participation Waiver

In exchange for being permitted to participate in AIDS Walk Ohio, I hereby for myself, my heirs, and administrators assume any and all risks which might be associated with AIDS Walk Ohio. I waive and release any and all rights and claims for any damages which I have against AIDS Resource Center Ohio, the sponsors, organizers, and any other individuals connected in any way with this event. I waive and release any persons connected with this event, their representatives, successors, and assignees for any and all damages of any kind whatsoever suffered by me or my child(ren) as a result of taking part in the event or related activities. I further consent to the use by AIDS Resource Center Ohio of my name and photograph in connection with this event. I attest and verify that I am, along with my child(ren), medically able to participate and assume all risks of participation in this event. I understand that the registration fee is a non-refundable gift to AIDS Resource Center Ohio in case of withdrawal or cancellation of the event for whatever reason. Lastly, I agree to receive materials mailed to my address with "AIDS Resource Center Ohio" or "AIDS Walk Ohio," or any variation thereof, on the envelope. If I do not wish to receive material mailed, I know to contact AIDS Resource Center Ohio by sending an email to kayteehouser@arcohio.org.

Privacy Policy

AIDS Resource Center Ohio is the sole owners of the information collected on this site. We only have access to/collect information that you voluntarily give us via email or other direct contact from you. We will not sell or rent this information to anyone.

We will use your information to respond to you, regarding the reason you contacted us. We will not share your information with any third party outside of our organization, other than as necessary to fulfill your request, e.g. to ship an order. Unless you ask us not to, we may contact you via email in the future to tell you about agency updates, new programs or services, or changes to this privacy policy

You may opt out of any future contacts from us at any time. You can do the following at any time by contacting us via the email address or phone number given on our website at arcohio.org.