

TEAM REGISTRATION



Walk a Mile in Her Shoes®

THE INTERNATIONAL MEN'S MARCH TO STOP RAPE, SEXUAL ASSAULT & GENDER VIOLENCE

A one-mile walk in high heels for men to support victims of family violence in the Greater Hanover Community.

Benefits YWCA Hanover Safe Home

Friday, August 9, 2019—Registration begins at 5PM, walk starts at 6PM.

Event & after party hosted by Winebrenner's, 50 North Forney Avenue, Hanover, PA 17331.

REGISTER ONLINE: WWW.YWCAHANOVER.ORG
(Click the "Get Involved" tab)

TEAM Information (please print clearly) See back to complete team information.

_____ Number of team members

Team Name (if applicable): _____

Organization Name (if applicable): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

I understand that I am committing to participate in a one-mile walk "in high heels or like fashion" to benefit YWCA Hanover Safe Home programs. I commit to reaching my minimum fundraising goal for the event.

.....
_____ I am unable to walk, but please accept my donation of \$_____ (Checks payable to YWCA Hanover/WAM).

_____ I am raising money and will bring donations to the event.

_____ Please charge \$_____ to my Visa Mastercard Discover

Card # _____ Exp. Date: _____ CSV: _____

Authorized Signature: _____



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TEAM Information (please print clearly) If more than 10 members, please use separate sheet. All team members **MUST** sign attached waiver.

Team Member Name	Team Member Email Address	Registration
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
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		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>
		Walker <input type="checkbox"/> Sister <input type="checkbox"/> Under 12 <input type="checkbox"/>

Please tally registration types:

_____ # Walker (Men Participants) @ \$30 each = \$ _____

_____ # Sister (Female Participants) @ \$25 each = \$ _____

_____ Under 12 (Children 12 yrs & Under) @ FREE = \$ _____

Total Due: \$ _____

_____ Please charge \$ _____ to my Visa Mastercard Discover

Card # _____ Exp. Date: _____ CSV: _____

Authorized Signature: _____



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www.ywcahanover.org

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TEAM REGISTRATION WAIVER FORM

Friday, August 9, 2019

Walk a Mile in Her Shoes® Waiver

I hereby acknowledge that YWCA Hanover Safe Home has not made any representations about the safety of Walk a Mile in Her Shoes walk and activities. Therefore, while I am engaged in Walk a Mile in Her Shoes and related activities, I do hereby agree for myself, executors, administrators and assigns, that neither YWCA Hanover Safe Home, nor any of its employees, volunteers, officials or representatives shall be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by me in connection with or arising out of participation in Walk a Mile in Her Shoes.

I further understand that running and walking in a race is a potentially hazardous activity and that I should not enter and participate unless I am medically able. If, as a result of my participation, I should require medical attention, I hereby give my consent for whatever care is deemed necessary by the authorized medical personnel.

Further, I do hereby, for myself, the participant, executors, and assigns, release and assume all risk whatsoever of personal injury or death or property damage or loss in connection with or arising out of or resulting from any or all activities engaged in by participant arising out of participation in Walk a Mile in Her Shoes and related activities and absolve and release YWCA Hanover Safe Home, and any of its employees, volunteers, officials or representatives from all liability thereof, and further, I do hereby consent and agree for myself, participant, executors, and assigns, not to sue, arrest, attach, or prosecute YWCA Hanover Safe Home, nor any of its employees, volunteers, officials or representatives on account of any such personal injury or death or property damage or loss, it being my express intent and purpose to bind myself, participant, executors, administrators, and assigns hereby.

I hereby give my permission to YWCA Hanover Safe Home and various media outlets to use my name and/or picture in any newspaper, broadcast, telecast or any other account of this event, without limitation, and without obligation to anyone to compensate me further thereof.

PLEASE, ACKNOWLEDGE ACCEPTANCE OF WAIVER ON BACK OF FORM.



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I, _____ acknowledge and accept terms of waiver as provided by
(print name)

YWCA Hanover Safe Home and their affiliates.

Participant Signature: _____

Guardian Signature (if required): _____ Date: _____

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