



Registration Form

First Name _____

Last Name _____

Address _____

Telephone No. _____ Email address _____

Level of Participation:

_____ I am interested in walking 1 mile 3 miles or 5 miles

_____ I am interested in walking to raise funds for the Southwest Community Health Center.

Please provide me with pledge sheets. I would like to make a personal donation only and not seek pledges.

_____ I am not interested in walking to raise funds for the SWCHC.

Are you affiliated with one of the congregations below? If so, please check.

_____ Bilal Mosque Association

_____ Kol Shalom

_____ Congregation Neveh Shalom

_____ Hillsdale Community Church

_____ The Islamic Society of Greater Portland

_____ P'Nai Or

_____ St. Andrew's Presbyterian Church

_____ St. Barnabas Episcopal Church

_____ St. Clare Catholic Community

_____ St. John Fisher Catholic Parish

_____ St. Luke Lutheran Church

_____ Vermont Hills United Methodist Church

_____ West Hills Unitarian Universalist Fellowship

_____ Community

_____ Corporation (Please specify _____)

Waiver

In participating in the SW Walks for Health, sponsored by the Southwest Community Health Center, I acknowledge that I understand there are risks of accidents resulting in bodily harm to me arising out of this activity. I acknowledge that I have the physical capacity reasonably necessary to engage in the walk. I hereby forever waive and release any and all rights and claims for damages I may have now or hereafter have, whether known or unknown, against Southwest Community Health Center, its board of directors, agents or employees, for injuries or other claims arising out of my voluntary participation.

In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses that are incurred in my behalf.

I agree to refrain from use of alcohol or drugs when participating in this event.

Name (Print) _____ Signature _____ Date _____

SW WALKS FOR HEALTH



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