SPONSORS

BRING WITH YOU ON THE DAY OF THE WALK

YOUR NAME .....

YOUR ADDRESS .....

TEAM NAME .....

NAME .....

ADDRESS .....

AMOUNT$..... MATCHING GIFT $..... TOTAL $.....

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REGISTRATION FORM

NAME .....

ADDRESS .....

.....

CITY ..... STATE ..... ZIP .....

DAY PHONE ( ) .....

EVENING PHONE ( ).....

EMAIL ADDRESS .....

COMPANY NAME .....

- ☐ My company has a matching gifts program
- ☐ I'd like to start a Team, please contact me
- ☐ I am unable to participate, but enclosed is my donation: $.....

FOR TEAM MEMBERS ONLY:

Team Name (If Applicable).....

Type of Team *(please check box below)*

☐ CORPORATE ☐ FAMILY/FRIENDS ☐ SCHOOL

☐ **DO NOT SEND ME A GIFT CERTIFICATE, PLEASE US MY TOTAL DONATION TO HELP FIND A CURE FOR KIDNEY DISEASE**

Please send me:

- ☐ More brochures #.....
- ☐ More posters #.....

Charge my first $25 raised for registration to:

☐ Visa ☐ MasterCard ☐ Amex ☐ Check enclosed

Credit card number .....

Exp. Date ..... Signature.....

WAIVER IMPORTANT. PLEASE SIGN!

With my signature, I acknowledge that walking can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the Kidney & Urology Foundation of America, all event sponsors, recipients, and volunteers, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of any activities and marketing associated with it and the Kidney & Urology Foundation of America.This permission is perpetual and worldwide.

.....

Walker's Signature Date

.....

Parent's Signature *(if Walker is Under 18)* Date

MAKE CHECKS PAYABLE TO:
Kidney & Urology Foundation of America
Mail to: 1250 Broadway, Suite 2001, New York, NY 10001
Fax to: 212.629-5652
Call: 1.800.633.6628 or visit our website at
www.nywalk.kidneyurology.org