Walk A Mile in Her Shoes©

www.walkamileinhershoes.org

The Men's March to Stop Sexual Assault, Sexual Abuse & Gender Violence

benefiting

The Sexual Assault Response Committee

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____Email:_____

Please make cheques payable to Medicine Hat Family Service. *Contributions of $20 or more are tax deductible.

Please present this form and all donations when you register on the day of the event. Pre-registration is also available one week before the event and shoes will be held until 1.5 hours before the walk. **To register or for any questions, please contact (403) 504-8026.**

Shoes will be provided for the walk when $20 in donations has been collected. Please note that we have a limited supply of shoes but you are welcome to bring your own.

Walk Starts at the Bandshell in Riverside Memorial Veterans Park at 12
Saturday, June 5, 2010

Q: Are women and children allowed to walk?
A: Of course, the men might need a little support along the way!

Sponsor's Name	Address	City	Postal Code	Donation Amount	Payment Option ($, online, Cheque)

See back for extended donation records…

Total Amount Raised: **$**

WAIVER: (Please Read Carefully): In consideration of my entry in the Walk A Mile In Her Shoes © event, I, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever, as a result of my participation in the event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and I have not been advised otherwise by a qualified medical person. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without compensation.

Signature: _____ Date: _____

(Parent/ Legal Guardian, if under 18)