



**Sickle Cell Association's
4th Annual Sickle Cell Stroll
Awareness Walk
Hudlin Park
Saturday, September 12, 2015**

Please complete and mail form with donation by **July 31** to reserve a Stroll T-shirt.

Walker Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Team Name: _____

T - Shirt Size: **Adult Size** _____ **or** **Youth Size** _____

____ **Small** ____ **Large** ____ **XX-Large**

____ **Medium** ____ **X-Large** **Other** _____

Other Walker (under 18) Use back for additional names. (specify adult or youth w/size)

Name _____ **Age** _____ **T-shirt Size** _____

Name _____ **Age** _____ **T-shirt Size** _____

(Receive t-shirt with donation of \$25 or more) Total Donation \$ _____

Waiver: In consideration of the furtherance of your purposes, objectives, and work, and in consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby waive and release any and all rights and claims for damages of all kinds which I may have against you, the organizers of the event (Sickle Cell Association), governmental entities through which the event will take place, as well as any other person, vendor or entity connected with the event, their heirs, executors, administrators, successors, and assigns for any and all injuries or losses of any kind from injuries which I may suffer while taking part in the event or as a result thereof.

Participant Signature (Parent or Guardian if a minor) _____

Date _____

**Make checks payable to:
Sickle Cell Association
P.O. Box 2751
Florissant, MO 63032**

Thank You for supporting Sickle Cell Association!

www.sicklecellassociation.org

www.sicklecellstroll.com