



SICKLE CELL STROLL 2015
TEAM REGISTRATION
September 12, 2015
Hudlin Park

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

TEAM NAME _____

Call 314-277-3950 for more information.

TEAM CONTACT _____

(Please submit form by **July 31** to reserve t-shirts)

PHONE _____

Receive Stroll T-Shirt with \$25(adult)/\$10(child size) or more donation.

	Name	Email	Signature*	t-shirt size	Donation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Signature indicates that I agree with the following waiver:

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.