

# **WALK FOR SHEA' 2008 REGISTRATION FORM**

ADULTS \$7.00 CHILDREN/\$5.00 (UNDER 18) CHILDREN UNDER 2 YRS FREE

WALK BEGINS AT 9:00 AM AT THE VA RUN COMMUNITY CENTER ON Sunday, 4/27/2008

ENCLOSE CHECK AND COMPLETED REGISTRATION FORM IN AN ENVELOPE MARKED "WALK FOR SHEA" AND RETURN/MAIL TO THE VA RUN COMMUNITY CENTER, (15355 Wetherburn Ct, Centreville, VA 20120) BY WED. APRIL 23, 2008.

**CHECKS SHOULD BE MADE PAYABLE TO THE SHEA MEGALE FUND CORPORATION**

NAME: \_\_\_\_\_  
LAST First M.I.

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

HOME PHONE NUMBER MALE/FEMALE AGE

RELEASE: IN CONSIDERATION OF MY APPLICATION BEING ACCEPTED, I HEREBY, FOR MYSELF, MY HEIRS AND EXECUTORS, WAIVE, RELEASE AND FOREVER DISCHARGE ALL RIGHTS AND CLAIMS FOR DAMAGE THAT I HAVE OR MAY HEREAFTER ACCRUED AGAINST ALL THE ORGANIZER AND SPONSORS OF THE 11<sup>th</sup> ANNUAL WALK FOR SHEA INCLUDING, BUT NOT LIMITED TO THOSE INVOLVED WITH THE WALK FOR SHEA, AND OTHER SPONSORS AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS WALK. FURTHER, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE MY NAME AND MY PHOTOGRAPH FROM THIS EVENT FOR ANY LEGITIMATE OPURPOSE WITHOUT COMPENSATION OR RENUMERATION. THE RACE OFFICIALS OR THEIR QUALIFIED PERSONNEL HAVE THE RIGHT TO DISQUALIFY ME AND REMOVE ME FROM THE WALK IF IN THEIR SOLE OPINION THEY BELIEVE I SHOULD NOT CONTINUE.

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF ATHLETE/SIGNATURE OF PARENT/GUARDIAN  
(IF ATHLETE IS UNDER 18)  
CHILDREN MUST BE ACCOMPANIED BY AN ADULT.

# **WALK FOR SHEA' 2008 REGISTRATION FORM**

ADULTS \$7.00 CHILDREN/\$5.00 (UNDER 18) CHILDREN UNDER 2 YRS FREE

WALK BEGINS AT 9:00 AM AT THE VA RUN COMMUNITY CENTER ON Sunday, 4/27/2008

ENCLOSE CHECK AND COMPLETED REGISTRATION FORM IN AN ENVELOPE MARKED "WALK FOR SHEA" AND RETURN/MAIL TO THE VA RUN COMMUNITY CENTER, (15355 Wetherburn Ct, Centreville, VA 20120) BY WED. APRIL 23, 2008.

**CHECKS SHOULD BE MADE PAYABLE TO THE SHEA MEGALE FUND CORPORATION**

NAME: \_\_\_\_\_  
LAST First M.I.

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

HOME PHONE NUMBER MALE/FEMALE AGE

RELEASE: IN CONSIDERATION OF MY APPLICATION BEING ACCEPTED, I HEREBY, FOR MYSELF, MY HEIRS AND EXECUTORS, WAIVE, RELEASE AND FOREVER DISCHARGE ALL RIGHTS AND CLAIMS FOR DAMAGE THAT I HAVE OR MAY HEREAFTER ACCRUED AGAINST ALL THE ORGANIZER AND SPONSORS OF THE 11<sup>th</sup> ANNUAL WALK FOR SHEA INCLUDING, BUT NOT LIMITED TO THOSE INVOLVED WITH THE WALK FOR SHEA, AND OTHER SPONSORS AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS WALK. FURTHER, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE MY NAME AND MY PHOTOGRAPH FROM THIS EVENT FOR ANY LEGITIMATE OPURPOSE WITHOUT COMPENSATION OR RENUMERATION. THE RACE OFFICIALS OR THEIR QUALIFIED PERSONNEL HAVE THE RIGHT TO DISQUALIFY ME AND REMOVE ME FROM THE WALK IF IN THEIR SOLE OPINION THEY BELIEVE I SHOULD NOT CONTINUE.

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF ATHLETE/SIGNATURE OF PARENT/GUARDIAN  
(IF ATHLETE IS UNDER 18)  
CHILDREN MUST BE ACCOMPANIED BY AN ADULT.