

KIDNEY WALK 2008 REGISTRATION FORM

_____ Yes, I want to help fight Kidney disease! Sign me up for the KIDNEY WALK!

_____ Yes, I would like to be a KIDNEY **TEAM CAPTAIN**

_____ My fund raising goal is \$ _____

_____ I would like to volunteer at the KIDNEY WALK.

_____ Yes, my company has a matching gift program!

_____ I am unable to participate, but please accept my donation of \$ _____

Name _____

Team Name _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Phone Work _____

Email _____

Sex (circle) Male Female Age on walk date _____ Birthday ____/____/____

Company Name _____

City / State / Zip _____

T-shirt Size (circle one) S M L XL XXL

Donation by (circle one) Check Credit Card Signature _____

(Circle one) VISA MC AMEX DISCOVER Card Number _____ Exp. Date _____

This Kidney Walk Registration Form Requires a Signature!

KIDNEY WALK WAIVER:

"I hereby waive all claims against the National Kidney Foundation, its Affiliates, sponsors, or any personnel for any injury that I may suffer while participating at this event. I hereby grant full permission for the organizer to use photographs of me in legitimate accounts of the event."

If Participant is a minor, parent or guardian must agree to the terms below for participant to participate in event: I am the legal guardian of Participant, and hereby consent to his/her participation. I have read the foregoing walk waiver, and I hereby agree on behalf of myself and the Participant to its terms.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Mail completed Kidney Walk Registration Form or visit www.kidneyall.org to register your team today!!

National Kidney Foundation Serving the Alleghenies

700 Fifth Avenue, 4th Floor; Pittsburgh, PA 15219

P: (800) 261-4115 ~ F: (412) 261-1405 ~ www.kidneyall.org ~ Tiffany.Ray@kidney.org

