



3rd Annual Hope & Heroes Walk Volunteer Registration Form

Sunday, April 29, 2012
Clinton Cove Park, Manhattan
(Hudson River & West 55th Street)

Please sign up at
www.HopeandHeroesWalk.org
or send in this form.

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home # _____ Cell # _____

Email address: _____ Birth Date: ____/____/____ Gender: Male Female

Company/Organization/ School Name: _____

If leader of a group, please list name of group: _____

*Youth groups require adult supervision—1 adult per 10 young adults

Please sign me up for the following:

_____ Volunteer the Day of the Walk (7:30am to 2:00pm)

_____ I am interested in being a Volunteer Captain (overseeing/assisting volunteers in your assigned area)

_____ I am interested in volunteering in the office before the Walk

Please let us know:

___ I require a seating position ___ I can do some lifting ___ I can do heavy lifting

T-Shirt Size: Small Medium Large X-Large XX-Large

How did you hear about the Walk: Brochure Poster Search Engine Banner Ad Family or Friend Email
 Hope and Heroes Cancer Fund Other _____

Yes, I would like receive email from Hope & Heroes Children's Fund including about this Event.

Yes, I would like to receive postal mail from Hope & Heroes Children's Cancer Fund

What is your connection to this cause? I am a patient I am a family member of a patient I have a friend who is a patient
 I have no specific connection I prefer not to answer

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I know that this event is potentially hazardous and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event. I hereby release and hold harmless and covenant not to file suit against the Hope & Heroes Children's Cancer Fund as well its local affiliates, and any affiliated individuals, any sponsors and their agents and employees, and all other persons or entities associated with this event from any loss, liability, or claims that I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same caused by falls, contact with participants, conditions of the course, or otherwise. In addition, we give full permission to the Hope & Heroes Children's Cancer Fund and its local affiliates and their sponsors to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature: _____ Date: _____

Must be signed by parent or guardian if under 18.

For more information contact Hope & Heroes Children's Cancer Fund, 161 Fort Washington Ave., IP-7, New York, NY 10032

This form can be faxed to: 212-305-5848

Need Assistance? Contact us at: Info@HopeandHeroesWalk.org or 1-855-HnHWalk (1-855-464-9255)

Thank You For Your Support!