



9th Annual Hope & Heroes Walk Volunteer Registration Form

Sunday, May 20, 2018 | Pier 84 – Hudson River at West 44th Street

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone # _____

Birth Date (MM/DD/YYYY): _____ Gender: _____

Company/Organization/School Name: _____

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

Please let us know:

- I require a seated position
- I can do some lifting
- I can do heavy lifting

How did you hear about the Walk

- Brochure
- Poster
- Word of Mouth
- Search Engine
- Hope and Heroes

What is your t-shirt size?

- Small
- Medium
- Large
- XL
- XXL

What is your connection to this cause

- I am a patient
- I am family member to a patient
- I have a friend who is a patient
- I work at Columbia University Medical Center
- I have no specific connection
- Decline to Answer

- Yes, I would like **receive email** from Hope & Heroes including about this Event.
- Yes, I would like to **receive postal mail** from Hope & Heroes

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.

Need Assistance? Contact us at:

info@hopeandheroeswalk.org | 1-855-464-9255 | Stop by Our Office: Room 721