



9th Annual Hope & Heroes Walk
Walker Registration Form
Sunday, May 20, 2018 | Pier 84 – Hudson River at West 44th Street

Please Select One Of The Participation Types Below

Walker (Adult: 18 or Older)

Youth Walker (Ages 5 - 17)

Walker (Adult: 18 or Older)

Virtual Youth Walker (Ages 5 - 17)

First Name: Last Name:

Address: City: State: Zip:

Email address: Phone #

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

Does your company have a corporate matching or charitable giving program?

NO YES: Please List Your Company Above

Team Captain Name: Team Name:

My Fundraising Goal Is: My Team Fundraising Goal Is:

I plan on raising \$100 on or before the Walk (to receive my T-Shirt)

What is your t-shirt size?

- Small
Medium
Large
XL
XXL

How did you hear about the Walk

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

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
Yes, I would like to be emailed when a gift is made on my behalf
I am unable to participate in the Hope & Heroes Walk. Please accept my tax-deductible donation of \$

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