

FREEMONT RIDEOUT BLESS YOUR HEART WALK

PUT ON YOUR TENNIS AND COME ON OUT TO THE BLESS YOUR HEART WALK



SAT., FEB. 6 Yuba-Sutter Mall / 7:30 am - 10:00 am

Raffle ticket for each lap completed, Free T-Shirt for Team Captain. Teams are 5 to 15 walkers per team. **Prizes for "Heartiest" dressed team!**

Registration 7:30am / Walk 8:30 am to 9:30am / Raffle 9:30

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Must pre-register / Entry \$100 (Pre Registration Deadline: FEB. 1 - 2010)

Complete Attached Form: Drop off completed form at the administrative offices of the **Fremont-Rideout Health Group** or mail it with your check or money order to: **Fremont-Rideout Foundation, 989 Plumas Street, Yuba City, CA 95991**

RELEASE & WAIVER OF LIABILITY

All walkers are required to assume all risks by signing this general release. Your signature on the back of this form indicates your understanding of the Release & Waiver Liability.

In consideration of your accepting my entry application, I, for myself, my personal representatives, heirs and next of kin, hereby release and discharge all organizers, sponsors, directors, agents and volunteers of the Bless Your Heart Walk from all liability to me, my personal representatives and heirs for all loss damage, or any claims or demands on account of personal injury, death or property damage from my participation in said WALK event, and hereby elect to voluntarily assume all risks of loss or property damage from my participation which I may sustain. I have read and understand this release and waiver of liability. I agree and comply with all event rules and I understand that the right to reject any run/walk entry application is reserved by the Bless Your Heart Walk.

Drop off completed form below at the administrative offices of the **Fremont-Rideout Health Group** or mail it to:
Fremont-Rideout Foundation, 989 Plumas Street, Yuba City, CA 95991. Make check payable to: Fremont-Rideout Foundation

TEAM REGISTRATION FORM - DEADLINE FEB.1, 2010

TEAM NAME: <i>(Be sure the team name is correct so that you get credit)</i>

CAPTAINS INFORMATION

FIRST NAME:	LAST NAME:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
STREET:	CITY:	STATE:	ZIP:
ORGANIZATION <input type="checkbox"/> Hospital:	<input type="checkbox"/> Healthcare Professional:	<input type="checkbox"/> Other:	
CAPTAINS T-SHIRT SIZE: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large			
CAPTAINS SIGNATURE:		DATE: / /	

OVERALL TEAM REGISTRATION IS \$100

FIRST & LAST NAME	MALE/ FEMALE	MAILING ADDRESS	EMAIL ADDRESS	SIGNATURE & DATE (I attest that I have read the release on the other side.)
1	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
2	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
3	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
4	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
5	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
6	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
7	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
8	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
9	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
10	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
11	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
12	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
13	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
14	<input type="checkbox"/> M <input type="checkbox"/> F			/ /
15	<input type="checkbox"/> M <input type="checkbox"/> F			/ /