



**9th Annual Sacramento 2M Walk/5K Run
Registration Form
William Land Park – Village Green Area
Corner of Sutterville Rd. & Freeport Blvd.
Sunday, September 11, 2011**

Name: _____ Shirt size: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail: _____

Additional Family Members in same household (Youth 5-17, Free up to 4yrs old)

T-shirt guaranteed only for paid registrants who register by August 20

Name: _____ Adult Youth Shirt size: Adult S M L XL XXL XXXL
 Name: _____ Adult Youth Shirt size: Adult S M L XL XXL XXXL
 Name: _____ Adult Youth Shirt size: Adult S M L XL XXL XXXL

Total Adult Registrations @ \$25 Each How Many? _____ \$ _____
 Total Youth Registrations @ \$15 Each How Many? _____ \$ _____
 Optional donation \$ _____
 Total Enclosed \$ _____

I am walking/running for someone special ___ No ___ Yes Who? _____

A signature is required in the waiver section below. Parent/Legal Guardian must sign for youths.

WAIVER- September 11, 2011
 In consideration of being permitted to participate in "Stepping Out to Cure Scleroderma," I hereby, for myself and on behalf of my minor children, my heirs and personal representatives, assume any and all risks which might be associated with the event. I, for myself and on behalf of my minor children, further waive, release, discharge, and covenant not to sue the City of Sacramento or its officers and employees, the Scleroderma Foundation, any chapter, support group, officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I, for myself and on behalf of my minor children, agree to the use of any photo, film, or videotape of the event for any purpose.

Adult Signature _____
 (Each adult registration must sign above)

Name	Street Address	City/State/Zip	EMAIL	Amount
			Total Sponsor Contribution	

**Please mail this registration form and your payment/donation to:
 Scleroderma Foundation Northern California Chapter, PO Box 601313, Sacramento, CA 95860**