AIDS WALK

September 14th, 2013
The University of Scranton

Registration begins at 10am
Walk starts at 11am
All proceeds benefit.....
Health Center HIV/AIDS Clinic

THE WRIGHT CENTER GRADUATE MEDICAL EDUCATION
SHAPING THE FUTURE OF HEALTHCARE

Name/Company _____

Mailing Address_____

City_____ State_____ ZIP_____ Phone_____

Email_____

Registration is $10.00 per person plus an additional $5.00 for a T-shirt.

Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL ☐

Release: (Must be signed by all participants or parent or guardian if under age 18) 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 a potentially hazardous activity 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, and I hereby release and hold harmless and covenant not to file suit against the AIDS Walk, University of Scranton, its trustees, officers, agents and employees and all other persons associated with this event from any loss, liability, or claims I may have arising out of participation in this event, whether caused by fall, contact with other participants, conditions of the course, negligence of the releases or otherwise. If I do not follow the rules of this event, I understand that I may be removed from the walk. I give my full permission to Walk for AIDS and its sponsors to use any photographs, videotapes or other recording of me that are made during the course of the event.

_____ _____

Participant Signature Parent or guardian if under age 18

Sponsored by The University of Scranton Center for Health Education and Wellness
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