Registration

You may register online at **bronsonhealth.com/walk** or use this form. Please print.

_____
first name

_____
last name

_____
address

_____
city / state / zip

_____
phone number

_____
e-mail

_____
date of birth (mm/dd/yy)

☐ male ☐ female age: _____

Entry Donations

☐ Adult age 18 or older (includes t-shirt): $25

☐ 6-17 years old (includes t-shirt): $15

Children younger than 6 are free (does not include t-shirt).

Youth t-shirt size: ☐ M ☐ L

Adult t-shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

All shirts can be picked up the day of the walk. **Register by Wednesday, September 15 to guarantee a t-shirt.** Additonal t-shirts will also be available for sale at the event for $8.

All children younger than 12 must be accompanied by an adult.

For more information, please call (269) 341-8830.

BRONSON J12921-1 6/10

Waiver

I plan on walking in the Walk Across Kalamazoo. I am physically able to participate in the walk. No person or company is responsible if I am injured during the walk. I will not hold Bronson Healthcare Group, the County of Kalamazoo or the City of Kalamazoo responsible if I am injured.

You may use my name and any pictures of me in any news about the event. This includes print, video and online.

All the information I have provided about myself in this waiver is true.

_____
signature of participant date

(If participant is younger than 18, parent or legal guardian must also sign.)

_____
signature of parent or guardian date

Emergency Contact:

_____
name and phone number

Payment

We accept cash, check, Visa and MasterCard.

_____
name on card

_____
card number

_____ / _____
expiration date

_____
signature

Make check payable to the Bronson Health Foundation. Return this form with your check to:

Bronson Health Foundation
301 John Street, Box C, Kalamazoo, MI 49007