



WALK A MILE IN HER SHOES®



Take a step-create a future free of violence

October 13th, 2017

Registration at 5:30 PM

Walk begins at 6 PM

Meet at the corner of 3rd and Main St

Registration

You may complete this form and mail to SAFE, PO Box 534, Hamilton, MT 59840
More information at www.safeinthebitterroot.org

Walker Information:

Name: _____ Phone: _____

Address: _____ e-mail: _____

I'm walking as an individual: _____

I'm walking as part of a team. My team name is: _____

Shoe Information:

Yes, I need shoes for the walk. My (men's) shoe size is _____

No thanks, I'll bring my own shoes

T-Shirt Information:

My shirt size is: _____

All walkers will receive a t-shirt as part of their registration.

Waiver: In consideration of my entry in the Walk A Mile In Her Shoes®: The International Men's March to Stop Rape, Sexual Assault and Violence, I, for myself waive and release any and all rights and cares for damages I have or may hereafter have against the organizers of this event, its principals, its employees, all sponsors, and their representatives from any and all claims of damages, demands, actions, whatsoever in any manner as a result of my participation in the Walk A Mile In Her Shoes® event including travel to and from the event I attest and verify that I am physically fit and have sufficiently trained for completion of this event and I have not been advised otherwise by a qualified medical person. If the participant is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf. I hereby give SAFE (Supporters of Abuse Free Environments, Inc.) the absolute right and permission to publish, copyright and use pictures of me in which I may be included whole or in part, composite or retouched in character of form. If the person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

Signature: _____

CREDIT CARD (please mark one) VISA MASTER CARD

CARD NUMBER: _____

EXP DATE: ____/____/____ 3 DIGIT SECURITY CODE: _____

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

PHONE: (____) ____-____

SIGNATURE: _____ DATE: _____

Registration Fees:

Adult Walkers: \$25.00

Youth Walkers: \$15.00

Kids under 12 free!

Checks can be made payable to SAFE and returned with this form. Thanks for participating in Walk a Mile in Her Shoes®!