



WALK A MILE IN HER SHOES®



Take a step-create a future free of violence
October 14TH, 2016
Registration at 5:30 PM
Walk begins at 6 PM
Meet at the corner of 3rd and Main Street

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: _____

For Teams-each walker should complete an individual registration form.

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 Shoe®: 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 in whole or in part, composite or retouched in character or 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)		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
ACCOUNT NUMBER: _____			
EXP DATE: _____ / _____		3 DIGIT SECURITY NO: _____ <small>(LOCATED ON THE BACK OF CARD)</small>	
CARD HOLDER NAME: _____ <small>(Exactly as printed on card)</small>			
BILLING ADDRESS: _____ _____ _____			
PHONE: () - _____		FAX: () - _____	
SIGNATURE: _____		DATE: _____	

Registration Fees:
Adult Walkers: \$25.00
Youth Walkers: \$15.00
Children 6 & under walk free!

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