

# Scleroderma Foundation Texas Bluebonnet Chapter

## 2022 Houston & South Texas Stepping Out to Cure Scleroderma REGISTRATION FORM

Saturday, May 14, 2022



National  
Scleroderma  
Foundation  
Texas Bluebonnet



I walk in Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

Your Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

### Registration for additional family members:

Name: \_\_\_\_\_ Circle one: Adult or Child

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Adult Registrations Qty \_\_\_\_\_ @ \$20 each = \$ \_\_\_\_\_

Child Registrations Qty \_\_\_\_\_ @ \$5 each = \$ \_\_\_\_\_

Adult T-shirt Qty \_\_\_\_\_ @ \$10 each = \$ \_\_\_\_\_ Size: Sm \_\_\_ Md \_\_\_ Lg \_\_\_ XL \_\_\_ 2XL \_\_\_

Child T-shirt Qty \_\_\_\_\_ @ \$5 each = \$ \_\_\_\_\_ Size: Sm \_\_\_ Md \_\_\_ Lg \_\_\_

Additional Donation \$ \_\_\_\_\_

Total: \$

Amount received: Cash  Credit Card  Check Amount  Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card (print): \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Make checks payable to Scleroderma Foundation - Texas

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

### All Adults Over 18 Must Sign (Parent must sign if participant is under 18)

Attendee Signature \_\_\_\_\_ Attendee Signature \_\_\_\_\_

Attendee Signature \_\_\_\_\_ Attendee Signature \_\_\_\_\_

Attendee Signature \_\_\_\_\_ Attendee Signature \_\_\_\_\_

Attendee Signature \_\_\_\_\_ Attendee Signature \_\_\_\_\_