



Scleroderma Foundation Texas Bluebonnet Chapter
2022 San Antonio, Austin & Central Texas
Stepping Out to Cure Scleroderma
REGISTRATION FORM

Saturday, June 11, 2022



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

Name: _____ Circle one: Adult or Child

Name: _____ Circle one: Adult or Child

Name: _____ Circle one: Adult or Child

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 any and 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 _____