



2021 Stepping Out to Cure Scleroderma
Cleveland's Virtual Walk for Research!
REGISTRATION FORM



Registration prices: \$35 - participant aged 14 and over with a t-shirt; \$25 - participant aged 14 and over without a t-shirt; \$20 - participant aged 13 and under with a t-shirt. Additional t-shirts are \$15 each. Please complete a separate form for each registrant. For online registration, go to scleroderma.org/clevelandwalk .

PLEASE PRINT CLEARLY

First Name Last Name

Street Address

City State Zip

Home Ph Cell Ph E-mail address (required)

Please make checks payable to Scleroderma Foundation Ohio Chapter.

T-Shirt Size (Circle One): S M L XL 2X 3X 4X Youth Small Youth Med Youth Lg

I am walking on my own. I am walking as part of team named. I am the captain of the team named. I am a Scleroderma patient.

I would like to become a member of the Scleroderma Foundation for an additional \$25.00. YES NO

I would like to make an additional donation of \$ Total Payment: \$

Pay by: Check# Cash Credit Card (circle one) AMEX Visa MasterCard

Credit Card # Expiration Date

CVV #: Address on card if different from above: Street

City State Zip

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 successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. In consideration of accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for losses and damages I may have against the Scleroderma Foundation, walk directors, their officers, directors, members and volunteers, any and all sponsors including other parties and their representative successors, and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit, and I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, video- tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

Signature Date (Parent must sign if participant is under 18)