



Ohio

REGISTRATION FORM

Columbus Stepping Out October 2, 2022

WALKER INFORMATION- ONE FORM PER PARTICIPANT

First Name _____ Last Name _____

Street Address _____ City/State/Zip _____

Email _____ Phone _____

How did you hear about us? _____

Are you a scleroderma patient? Yes No Caregiver? Yes NO

Are you involved in a support group? Yes NO If so, which one? _____

I am walking with Team: _____

I am walking in Honor of / Memory of: _____

PAYMENT: Make check payable to: National Scleroderma Foundation - 300 Rosewood Drive., Danvers, MA 09123 mail no later than August 22, 2022 to guarantee t-shirt.

Registration \$ 25 _____

T-Shirt Size: YS YM YL S M L XL XXL XXXL

Additional Donation \$ _____

Grand Total \$ _____

WAIVER: I know that participating in the Stepping Out To Cure Scleroderma walk event involves potential risks and that I should not participate unless I am medically able. I agree to abide by any decisions of event officials about my ability to safely participate. I agree to follow the instructions outlined by event officials regarding covid CDC guidelines in my participation. I assume any and all risks which might be associated with the event. Furthermore, I, for myself and anyone entitled to act on my behalf, waive and release Scleroderma Foundation, The City of Reynoldsburg, event staff and volunteers from all claims or liabilities of any kind arising out of my participation in this event and any related activities. Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic record of this event for legitimate purposes.

Signature of Participant or guardian of minor : _____