



Participant Registration/Donation

Event Site: NEW HAVEN, CT

Participant Name: _____

Team Name: _____
(If applicable)

Total Cash/Check Enclosed: \$ _____ **Square: \$** _____

Registered Online? Yes No

Please provide your contact information below:

Address: _____

City: _____ **Zip Code:** _____

Phone: _____

Email: _____

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me to participate in March for Babies, on behalf of myself, my heirs, executors, administrators and assigns, by submitting this form or by participating in this event, I hereby waive and release any and all rights and claims for damages that I may have against you, the municipalities through which March for Babies will take place, as well as any other person connected with March for Babies, their heirs, executors, successors and assigns for any and all injuries that I may suffer while taking part in March for Babies or as a result thereof.

As a policy matter, March of Dimes prefers not to accept restricted donations for March for Babies. However, you may request in writing to have your own personal donation be restricted and March of Dimes will honor it. Walkers cannot legally restrict donations on behalf of their sponsors without the sponsors' written permission.

Signature (If a minor, parent or guardian signature)