



Participant Registration/Donation Form

Event Site:			
Participant Name:			-
Team Name:			
Total Cash/Checks	Turned in TODAY \$		
Total Credit Card D	Donation Made TODAY \$		
Registered Online	? Yes No		
Please provide you	ır contact information belo	w:	
Address:			
City:	State	_ZIP Code:	_
Phone:			
PRIVACY NOTICE: All personal inform https://www.marchofdimes.org/policy.asp	nation provided above will be used by March of D	times as outlined in its Privacy Policy (available	e at
	h of Dimes prefers to receive unrestricted donatio Il however honor your written request to restrict y ten permission.		
CONSENT, WAIVER AND RE	ELEASE – Please Read Carefully		
<u>Assumption of Risk</u> . I understand the my child. I knowingly assume any ar	hat this fundraising event (the "Event") invend all risks and assume full responsibility for the Event. I understand that this event is organized.	olves activities that carry inherent risk and r any risk of injury, death or loss that I or i	ny child/children may
me or my minor child, for transport to	give the event organizer my permission for a to a medical facility for further treatment, an	d for the release of information necessary	
<u>Photo and Video Release</u> . I agree the my minor child made during the Eve	hat MOD and its licensees may use any and ent.	all photographic images and video or audi	o recordings of myself or
executors, administrators and assigns licensees, or volunteers, and the even	nsideration of MOD permitting me (and my s, hereby release, waive, discharge, and covent-site owner or municipality, for any and all n the Event or as a result thereof, including a	enant not to sue MOD, its officers, employ I injuries or damages of any kind whatsoev	ees, sponsors, organizers,
Participant Signature:		(SIGN HERE) Date:	
(If participant is a minor, then parent	t or guardian must sign) <i>Check:</i> Parent	☐ Legal Guardian	