

Voice of Hope: Rape Crisis Center

WALK A MILE IN HER SHOES MARCH TO STOP SEXUAL VIOLENCE REGISTRATION FORM

When: Saturday, April 22, 2017
On-Site Registration Opens: 8:30 a.m.
Walk Begins: 9:30 a.m.

Where: South Plains Mall
6002 Slide Road

Proceeds to benefit: Voice of Hope
P.O. Box 2000
Lubbock, TX. 79457
Phone: 806.763-3232 Fax: 806.763-1801
Contact: Leslie Timmons

STEP 1: Registered Participant (Please print clearly)

NAME: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-mail: _____

Gender: Male _____ Female _____ Age: _____

Enclosed is my pre-registration fee: \$30 (deadline 4/14/17)

Virtual Marcher: \$30 + \$5 shipping for shirts (deadline 4/14/17)

March from anywhere on earth- just send us a pic or video of your march to post on our FB

On-Site registration fee: \$35

Both Men & Women are welcomed to march.

NO HEELS REQUIRED TO SHOW YOUR SUPPORT!!



Ask friends, neighbors, work colleagues, or relatives to sponsor you by making pledges in your name. Funds raised will be used to assist victims of sexual assault in our communities and provide sexual assault primary prevention programs in local schools.

STEP 2: SHOES

Please indicate the shoe size you will need:

_____ (no half sizes available)

Sizes 8-17 available on first come/first serve basis. Marchers may provide their own shoes.

SHOES ARE ON LOAN AND WILL NEED TO BE RETURNED AFTER THE MARCH.

STEP 3: T-SHIRT

Registered march participants will receive a complimentary T-Shirt while supplies last.

Please circle the shirt size:

SIZES: **ADULT** SM MED LG XL XXL

STEP 4: Walk a Mile Waiver

In consideration of my entry in the Voice of Hope Walk a Mile in Her Shoes March to Stop Sexual Violence, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages or injury I have or may incur against the organizers of this event, its principals, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever in this manner, as a result of my participation in the Walk a Mile March to Stop Sexual Violence event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and have not been advised otherwise by a qualified medical person. Further, I hereby grant permission to any and all foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event with out compensation. Voice of Hope reserves the right to refuse participation in our Walk A Mile event.

Signature: _____ Date: _____

All entrants (parents/guardian if under 18) must sign



TOTAL AMOUNT ENCLOSED: \$ _____