

REGISTRATION FORM

NAMIWalks Lexington

Yes! I'll walk with **NAMIWalks Changing Minds One Step at a Time!**
(A separate form is required for each walker, under 18 a Parent or Guardian must sign below)

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ Email: _____

Adult Child (under 18) Parent or Guardian Must Sign Below.

NAMI Affiliate: _____ Team Name: _____

Team Captain: _____

Raise \$100 and receive a NAMIWalks event t-shirt!
Make a Donation Today!



You can make a donation today! Cash \$ _____ Check \$ _____

Checks are made payable to "NAMIWalks Lexington"

Credit Card: \$ _____ () Visa () Master Card () Discover

Name (as appears on card): _____

Billing Address: (if different from above) _____

Card # _____ Exp: _____

Card Verification Code (three digit code on the back) _____

Each participant must read and sign below,

Waiver and Release and Liability:

I hereby waive all claims against NAMI, NAMIWalks Lexington, sponsors, or any personnel for any injury that I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____

Parent or Guardian (if walker is under 18 years of age): _____