

## Waiver

In consideration of the acceptance of my entry to participate in Cincinnati Walks for Kids, I, for myself and on behalf of my heirs, executors and assigns, hereby waive, and release Cincinnati Children's Hospital Medical Center and all sponsors, workers and volunteers from any and all claims for damages of any nature arising out of my participation in the event. I agree to abide by all the rules for my participation and acknowledge that the planning committee may refuse or return my entry at its discretion. I understand the risks for such a walk and verify that I am physically fit and have sufficiently trained for such participation. Additionally, I hereby grant my irrevocable permission to Cincinnati Children's Hospital Medical Center and its authorized agents to use my name and any photographs, videotapes, motion pictures, recordings, or any other record of my participation in this event in any broadcast or account of Cincinnati Walks for Kids or for any related purpose.

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I have read and agree to the waiver \_\_\_\_\_

Participant Name

Signature (participant or guardian if participant is younger than 18 years old)

**Return this form with your registration payment. Make checks payable to Cincinnati Children's.**

Cincinnati Children's, Attn: Cincinnati Walks for Kids, P.O. Box 5202, Cincinnati OH 45201-5202

# Registration Form

All fields are required, one form per walker



First Name Middle Name Last Name Suffix

Email Phone Number

Address City State ZIP

Gender: ☐ Male ☐ Female Date of Birth

**Emergency Contact Information:** Name Phone

## Registration Information

- ☐ Adult Walker - \$25 ☐ Adult Virtual Walker - \$25  
☐ Child Walker, ages 17 and younger - \$5 ☐ Child Virtual Walker, ages 17 and younger - \$5

What T-shirt size do you prefer? **Adult:** ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL **Child:** ☐ Small ☐ Medium ☐ Large

## Participant Center Access

Log in at [cincywalks.org](http://cincywalks.org), where you can personalize your fundraising page, track your progress and send emails.

Requested User Name: 5-60 characters Password: 5 - 20 characters

My personal fundraising goal is: \$

## Team Information

- ☐ I am walking as an individual without a team association.  
☐ I would like to join a team. The team name is: \_\_\_\_\_  
☐ I would like to create a new team. Team Name: \_\_\_\_\_ Team Fundraising Goal: \$ \_\_\_\_\_  
☐ I am, or my team is associated with this company: \_\_\_\_\_

## Additional Information

1. What program would you like your fundraising dollars to support?

- ☐ Audiology ☐ Nephrology ☐ Cancer and Blood Diseases Institute  
☐ CCED ☐ Charitable Care Fund ☐ Child Life  
☐ Gastroenterology ☐ Greatest Needs ☐ Heart Institute  
☐ Behavioral Medicine and Clinical Psychology ☐ Endocrinology - Turner Syndrome  
☐ Other \_\_\_\_\_

2. What is your connection to Cincinnati Children's?

- ☐ Parent of a patient ☐ Patient ☐ Auxiliary member  
☐ Grandparent of a patient ☐ Current employee ☐ Other: \_\_\_\_\_  
☐ Relative/friend of a patient ☐ Former employee

3. Which area at Cincinnati Children's interests you most? \_\_\_\_\_

## Payment Method

- ☐ Check (enclosed)  
☐ Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code \_\_\_\_\_

## Waiver and Terms of Use

I have read and agree to the waiver on the back \_\_\_\_\_  
Signature (participant or guardian if participant is younger than 18 years old)

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