

25th Annual "Soles for Souls" Walk ~ Saturday, April 22, 2017

Name Fund Raiser (Person) _____
 Organization/Team/Church _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ E-Mail _____



Last Name	First Name	Address OR Email	City	State	Zip	Amount	Cash	Chk#
Total								

I, _____ certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of inherent risks and dangers not specifically identified, and as a result of my participating in this activity.

I have carefully read, clearly understood and accepted the above terms and acknowledge that this agreement shall be effective and binding upon myself, my heirs, personal representative and estate and for all members of my family, including minor children.

Signature _____ Date _____ Signature of Parent or Guardian (if participant under 18 years) _____ Date _____

Each person walking must turn in a signed form ~ Make checks payable to SCM ~ Online giving at www.secorrmin.com