



Walk Registration Form

Please return completed form to 800 Avery Blvd, Ste 100, Ridgeland, MS 39157.

MISSISSIPPI'S
WALK FOR DIABETES

I am a Team Captain Team Member Individual

My Goal is to raise \$ _____ to help my fellow Mississippians with Diabetes.

The fundraising minimum to receive a T-Shirt is \$50 per walk participant.

Walk Location Coast Jackson Meridian Hattiesburg Columbus Oxford

Team Name _____ Team Captain- if known _____

Title: _____ First Name _____ Last Name _____ Suffix (MD/Jr.) _____

Address (include Apt. #s) _____

City _____ State _____ Zip _____

Phone (cell) _____ Phone (other daytime) _____

Email _____

Company Name _____

My company has a matching gift program.

Enclosed is my Donation of \$100 \$50 \$25 Other \$ _____

Please make checks out to the *Diabetes Foundation of Mississippi*.

(If you'd rather use a Credit Card, please call 601-957-7878 or register online at msdiabetes.org.)

If your donation is \$50 or more, please select a T-Shirt Size:

Adult: Small Medium Large XL 2XL 3XL

Youth: Small Medium Large

How did you hear about this year's walk? TV Ad Radio Newspaper Facebook

E-mail Poster DFM Mailer Family Friend/co-worker Company At school

What's your connection to diabetes? I have diabetes A family member has diabetes

I care for someone with diabetes No connection - Sounded like a fun event & great cause

Would you like us to send you an individual walker collection envelope? Yes No

Would you like us to send you a Team Captain Packet? Yes No

I want to Challenge _____ to a fundraising duel!

Please provide their address or email so we can send them walk information.

Save time on Walk Day and sign the waiver on the back!

Mississippi's Walk for Diabetes Release and Indemnification

I understand that Mississippi's Walk for Diabetes involves physical activity (walking, running, etc), which may include risks such as, but not limited to, falls, effects of weather, traffic and conditions of the road, and interactions with other participants. In consideration of being allowed to participate in this event, I hereby expressly assume all risks including personal injury, arising in any way out of my participation in the Walk for Diabetes and related activities.

It is my responsibility to dress appropriately and bring any medical equipment or medications that I might require. I understand that although route maps, rest stops, refreshments, first aid and other assistance may be available during this event, I am solely responsible for my own health and safety. I agree to ask for assistance if I experience any symptoms or conditions which would make it difficult or unsafe to continue in the event..

I agree for myself, my heirs, executors and administrators, not to sue and to release, indemnify and hold harmless, the Diabetes Foundation of Mississippi, Southern Farm Bureau Life Insurance Company, their officers, directors, volunteers and employees, and all other sponsoring businesses and organizations and their agents and employees, from all liability, claims, demands and causes of action whatsoever, arising out of my participation in this event and related activities-whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Mississippi or city in which the event is conducted. If any portion of this release shall be held invalid under the laws of Mississippi, those parts not held invalid shall continue in full force and effect.

Printed name of Participant Participant signature

Date

If participant is a minor, parent or guardian must sign below

I am the legal Guardian of the Walk Participant and hereby consent to his/her participation in Mississippi's Walk for Diabetes. I have read the foregoing release and indemnification agreement, and I hereby agree to its terms on behalf of myself and Participant

Printed name of Parent/Guardian Parent/Guardian signature

Date