



www.walkamileinher shoes.org

Walk a Mile in Her Shoes®

**THE INTERNATIONAL MEN'S MARCH
TO STOP RAPE, SEXUAL ASSAULT & GENDER VIOLENCE**

Registration Form

Last Name: _____ First Name: _____ Address: _____
City: _____ Postal Code: _____ Phone # _____ E-mail: _____
Team Name (if applicable) _____ SHOE SIZE _____

NOTE: ALL PARTICIPANTS MUST WEAR SOCKS, NO BARE FEET PLEASE!

****PLEASE READ CAREFULLY-WALK A MILE WAIVER****

In consideration of my entry in the Walk A Mile event I, for myself, my heirs, my executors and administrators waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, its employees, all sponsors and their representatives and all claims of damages, demands, actions, whatsoever in any manner, as a result of my participation in the event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for participation in this event and I have not been advised otherwise by qualified medical personnel. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without competition.

SIGNATURE OF PARTICIPANT: _____

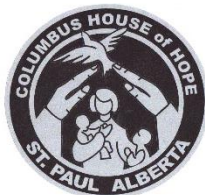
SIGNATURE OF PARENT OR GUARDIAN (If under 18) PRINT AND SIGN NAME _____

WITNESS (PRINT AND SIGN) _____

DATE _____

PLEASE FAX, EMAIL OR MAIL YOUR REGISTRATION FORM TO ST. PAUL & DISTRICT CRISIS ASSOCIATION

We appreciate your support of the Walk a Mile in Her Shoes Event. We treat your personal information with respect. The information you provide will be used to provide tax receipts and to keep you informed of the other events in support of the Expansion of Columbus House of Hope. If you wish to be removed from this list, please simply call or e-mail.



St. Paul and District Crisis Association

P.O. Box 1237, St. Paul, Alberta T0A 3A0

Phone: (780) 645-5132 Fax: (780) 645-1966

Email: director@stpaulcrisiscentre.ca



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PLEDGE FORM

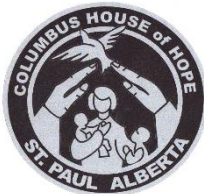
ALL INDIVIDUAL PLEDGES OVER \$25.00 WILL RECEIVE A CHARITABLE TAX RECEIPT, PLEASE ENSURE YOUR NAME AND ADDRESS ARE LEGIBLE
PLEASE MAKE CHEQUES PAYABLE TO ST. PAUL & DISTRICT CRISIS ASSOCIATION

Award for the participant raising the most money!

NAME OF PARTICIPANT WALKING _____

PLEASE BRING YOUR COMPLETED PLEDGE FORM AND ALL MONEY PLEDGED TO THE WALK EVENT

First Name	Last name	Address	Postal Code	Phone	Pledge\$	Pd.
TOTALS						



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