



Richland Pregnancy Services

WALK FOR LIFE | 2024

Saturday, June 1st

10:00 a.m.

Central Park, Mansfield

Registration opens at 9am



Walker Name	<input type="text"/>	Email	<input type="text"/>	T-SHIRT SIZE													
Address	<input type="text"/>	<input type="checkbox"/>	Please add me to the RPS Email List		<table border="0"> <tr> <td>Youth</td> <td>Adult</td> </tr> <tr> <td><input type="checkbox"/> S</td> <td><input type="checkbox"/> S</td> </tr> <tr> <td><input type="checkbox"/> M</td> <td><input type="checkbox"/> M</td> </tr> <tr> <td><input type="checkbox"/> L</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> XL</td> <td><input type="checkbox"/> XL</td> </tr> <tr> <td></td> <td><input type="checkbox"/> XXL</td> </tr> </table>	Youth	Adult	<input type="checkbox"/> S	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XL		<input type="checkbox"/> XXL
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City/State/Zip	<input type="text"/>	Church	<input type="text"/>														
Phone Number	<input type="text"/>	Age Group	<input type="checkbox"/> 0-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19-59 <input type="checkbox"/> 60+														

First Name	Last Name	Address	City	Zip	Phone
Email	<input type="checkbox"/>	Please Add me to the RPS Mailing List	PLEDGE \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____	Money Received	<input type="checkbox"/> Bill Me <input type="checkbox"/>
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In order to receive your FREE WALK FOR LIFE t-shirt, please notify RPS by May 8th of your name and shirt size by going online: www.friendsofrichlandpregnancy.com/events/walkforlife/ or contacting 419-522-8863 ext. 210 or email barbie@richlandpregnancy.com

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In consideration of my entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents, volunteers & staff assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I certify as a material condition to my being permitted to enter this walk that I am physically fit for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor.

By submitting this entry, I acknowledge (or parent if child under 18 years) having read and agreed to the above waiver. **Name** _____ **Date** _____