



SPEAK UP

PROVERBS 31:8

SATURDAY
JUNE
7TH



OFFICE USE ONLY TOTAL CASH

10:00 AM
CENTRAL PARK
DOWNTOWN MANSFIELD

WALK FOR LIFE 2025

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	Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
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
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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 \$ _____	Cash <input type="checkbox"/>	Check # _____
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In order to receive your FREE WALK FOR LIFE T-shirt (secure a minimum of \$25 sponsorship), please register by May 16th.
www.friendsofrichlandpregnancy.com/events/walkforlife/ or contacting 419-522-8863 or email barbie@richlandpregnancy.com

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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 \$ _____	Cash <input type="checkbox"/>	Check # _____

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** _____