

# Walk for Wellness House Registration Form

Please send completed forms to Wellness House, 131 N. County Line Rd, Hinsdale, IL 60521

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

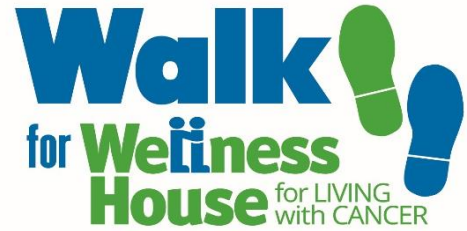
Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Have you participated in a Wellness House Program apart from the walk?  Yes  No



Sunday, May 7, 2023

**Team Name:** \_\_\_\_\_

**Fees:** \_\_\_\_\_ 3K Walk/Walk Your Way: \$30 \_\_\_\_\_ Sponsor Team (no charge)  
\_\_\_\_\_ 5K Run: \$30  
\_\_\_\_\_ 5K Chipped Run: \$35

**T-shirt Size:** \_\_\_\_\_

**Donation:**

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other

Consider making a donation in addition to your registration fee.

Your registration fee covers your t-shirt and the cost of your participation on event day.

Your gift supports free programming for people with cancer and their families.

Total Amount Received: \$ \_\_\_\_\_

Form of Payment:  Cash  Check

Checks are payable to Wellness House. Credit card payments can be made online at [walk.wellnesshouse.org](http://walk.wellnesshouse.org)

I recognize and hereby expressly assume all risks and am participating in this event upon the express agreement and understanding that I am hereby waiving and releasing Wellness House, its agents and representatives, from any and all claims which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including my attorney's fees and court costs (collectively "claims") arising out of, or in connection with, my participation in the "Walk for Wellness House," or any illness resulting therefrom. I also grant permission to Wellness House and its authorized agents to use my name and photograph, videotapes, and any other records of my participation in this event. I understand that all registration fees and donations are non-refundable.

Signature: \_\_\_\_\_