

12th Annual SAVE-A-LIMB FUND FEST



Saturday, October 14, 2017 at Oregon Ridge Park in Cockeysville, Maryland from 9:00 a.m. – 1 p.m.

Waiver

One registrant per form. Each adult and child must complete a waiver to participate.

I am a voluntary participant in this event and am in good physical condition. I understand that it is my sole responsibility to determine, after appropriate consultation with my physician, if I am medically and physically able to participate in this event.

I hereby release and hold harmless and agree not to sue Sinai Hospital of Baltimore, LifeBridge Health, the Rubin Institute for Advanced Orthopedics, the official and unofficial Save-A-Limb sponsors, event officials, volunteers, committee members, members of the park association, emergency service personnel, and all other persons who perform services in connection with the event, and their respective affiliates, officers, employees, directors, contractors, and agents, from and for any and all damages or claims that may arise directly or indirectly from my participation in the event, including personal injury or damages suffered by me or others, whether caused by falls, contact with participants, conditions on the course, negligence of the releasees, or otherwise.

I understand that if I do not follow all the rules of this event, I may be removed from participation. I acknowledge that no one other than me is responsible for ensuring that I comply with this and all other requirements of the event.

I give my permission to Sinai Hospital of Baltimore, LifeBridge Health, the Rubin Institute for Advanced Orthopedics, and the event sponsors to photograph and/or videotape me before, during, and after the event (including the post-walk picnic and dinner) and to use any photographs, videotapes, or other recordings of me made in connection with the event.

If the participant is a minor, I am completing this waiver as the parent or guardian of the child who is registered to participate. I agree on his/her behalf to all of the provisions set forth above, and I waive any claims that I may have as a result of anything that occurs to him/her in connection with this event.

Signature of Registrant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Registration

Walk and Summit Challenge Hike registrants will receive free entry into the picnic and festival as well as a t-shirt and goody bag. A child is ages 6–13 years, and an adult is ages 14 years and older. Please contact Marilyn Richardson at 410-601-9533 if you have any questions.

1-Mile "Make A Difference" Walk CHILD Starts at 10:00 a.m.

- Fee paid before September 1\$20
- Fee paid September 1 – October 14\$25

1-Mile "Make A Difference" Walk ADULT Starts at 10:00 a.m.

- Fee paid before September 1\$25
- Fee paid September 1 – October 14\$30

Extra Mile Summit Challenge Hike CHILD Starts at 10:00 a.m.

- Fee paid before September 1\$25
- Fee paid September 1 – October 14\$30

Extra Mile Summit Challenge Hike ADULT Starts at 10:00 a.m.

- Fee paid before September 1\$30
- Fee paid September 1 – October 14\$35

CHILD Age 5 and youngerFREE

T-shirt Size for Walk and Summit Challenge Hike registrants

- Youth: YS YM YL
- Adult: XS S M L XL XXL XXXL

Spirit Walker\$20

If you are unable to participate in person, you can join us in spirit. You will be eligible for fundraising prizes and an event t-shirt if you raise a minimum of \$250.

Subtotal = \$ _____

Picnic and Festival Ticket Only\$ 10 x ____ + \$ _____

VIP Dinner Ticket CHILD Age 5 and youngerFREE

VIP Dinner Ticket CHILD\$ 50 x ____ + \$ _____

VIP Dinner Ticket ADULT\$ 100 x ____ + \$ _____

TOTAL DUE = \$ _____

Team Information (optional)

Join an existing team. Team Name: _____

Create a team. Team Name: _____

Payment Methods

I wish to pay by: credit card check cash

• To pay by credit card, you can use one of the following methods of registration:

- Register online by visiting SaveALimb.org/FundFest
- Register by mailing this form to Marilyn Richardson at the address below
- Register by scanning and e-mailing this form to myrichar@lifebridgehealth.org
- Register by faxing this form to 410.601.9575

• To pay by check, mail this form along with your check (made payable to "Save-A-Limb Fund"):

Sinai Hospital of Baltimore
Rubin Institute for Advanced Orthopedics
Save-A-Limb Fund Fest
Attn: Marilyn Richardson
2401 West Belvedere Avenue
Baltimore, Maryland 21215

For registration by mail, e-mail, or fax, PLEASE COMPLETE LEGIBLY:

Full Name of Registrant: _____

Birth Date: _____ Gender: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone Number: _____

Registrant's E-mail (required): _____

Complete this section if paying by credit card:

Credit Card Type: VISA MasterCard Discover

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder's E-mail (required): _____