Coordinated by the Recovery Walk Steering Committee \* 2300 Garrison Blvd, Suite 220-B, Baltimore, MD 21216 \* 443-708-3054

***11 th Annual Recovery Run, Walk & Rally*** Registration Form

A Participant\* who pre-registers by August 31, 2016 shall be issued on a “First-come, First-served” basis, FREE T-Shirt on September 29, 2017.

**Part I** – To officially register, each Participant **MUST** complete this section (Part I) of the Registration Form

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

(Check One) \_\_\_\_\_\_ Male \_\_\_\_\_\_ Female (Check One) Age: ­\_\_\_\_\_\_ Less than 18 \_\_\_\_\_\_ 18 or older

T-Shirt Size: (Check only one - **all adult sizes**) \_\_\_\_\_ Med\_\_\_\_ Large \_\_\_\_ XL \_\_\_\_ 2X \_\_\_\_ 3X

Address:

City: State: Zip:

Phone #: Email:

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| **2017 Recovery Rally Waiver of Liability & Photo Release** I understand that the Recovery Run, Walk & Rally Steering Committee and its Partners, Sponsors, Vendors, & Volunteers shall not be held responsible or legally liable for any loss of personal property or any bodily injury I sustain.I hereby waive and release all rights and claim for damages I may have against the Steering Committee, their Partners, Sponsors, of this event, and their agents, employees or volunteers, which may arise in conjunction with this event as a result of negligence or otherwise.I give consent for the use of any photographs taken of me during this event.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Parent’s signature required if participant is less than 18 years of age.)**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\*\***Completing Part II of the Registration for is OPTIONAL!**

This section is provided for individuals/groups making financial contributions under **$100**. All contributions are **tax deductible** as far as the law allows and will be used to help defray costs associated with this event. Make all checks/Money Orders Payable to “**Recovery In Community, Inc.**”

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| **Part II (Optional) – Friends of Recovery Donation**Complete this section if you will make a **tax-deductible donation of $99 or less** to help support the Metro Baltimore’s **11th Annual Recovery Rally** on **Friday**, **September 29, 2017. *Contributions are accepted even if you will not be attending the event.***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: City: State: Zip: Phone #: Email: **Amount: (Check One) \_\_\_\_\_\_\_\_ CASH \_\_\_\_\_\_\_\_ CHECK Actual Amount$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contributions of $25 or more received by August 31, 2016 will be printed in the event program.**Make check/money order payable to: **Kaleb Kids.***Please deliver* ***donations*** *along with form to:****Monica Scott, Sponsorship, MISAH House, 2300 Garrison Blvd, Suite 220-B, Baltimore, MD 21216*****\*Participants completing the Volunteer Application are asked to submit all forms together.** |