



Registration | 12:00 PM · Walk Start | 1:00 PM · Awards | 2:00 PM

## Walk for Life Participant Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size (*circle one*):    **Adult S**    **Adult M**    **Adult L**    **Adult XL**    **Adult XXL**

### Terms and Emergency Contact

I agree that Wisconsin Right to Life, its directors, officers, employees, volunteers, representatives, event holders, event sponsors, and event directors shall not be liable for any damages arising from personal and/or bodily injury, including death or property damage sustained by me and/or any minors accompanying me while participating in the Wisconsin Right to Life Walk for Life. I assume full responsibility for such injuries or damages that may occur to me/minors accompanying me. I hereby consent to medical treatment for myself and/or minors accompanying me that may be deemed advisable in the event of injury, accident or illness during this event and am aware that it is my responsibility to pay for any medical bills for injuries sustained while participating in the Wisconsin Right to Life Walk for Life. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, organization, and assigns.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name(s) of Minors, if any \_\_\_\_\_

**All forms must either be brought to Registration at the Walk for Life, or mailed to:**

Wisconsin Right to Life  
 Attn: Walk for Life  
 5317 N. 118<sup>th</sup> Court  
 Milwaukee, WI 53225

**Questions or issues with the registration process? Please contact our Events Manager at (414) 308-1058.**



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## Pledge Form

All participants in the Walk for Life are required to collect a minimum of \$25.00 in pledges. Please use this form to collect pledges from friends, family, and co-workers. Prizes will be given to walkers with the most pledges.

Make additional copies of this form as necessary. Please print legibly.

Pledges Collected By \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

SPONSOR NAME	ADDRESS	PHONE	EMAIL	PLEDGE AMOUNT	PAYMENT TYPE
					cash or check Paid? ____
					cash or check Paid? ____
					cash or check Paid? ____
					cash or check Paid? ____
					cash or check Paid? ____
				<b>TOTAL</b>	

**All checks or cash must be collected and brought to Registration at the Walk for Life, or mailed to:**

Wisconsin Right to Life  
 Attn: Walk for Life  
 5317 N. 118<sup>th</sup> Court  
 Milwaukee, WI 53225

**All pledges are tax deductible. Checks must be written out to: Wisconsin Right to Life**