Have a HEART
Walk for a MISSION

2nd Annual Walk for a Mission Walk-a-thon and Food Drive - October 10th, 2009
Somerset County Park Commission's Colonial Park
9am-12pm

Sponsored by Grace Alliance Church

Registration/Sponsorship Form

DEADLINE: Submit this form by no later than Sept. 26th, 2009

Please fill out this form COMPLETELY.

First Name _____ Middle Initial _____ Last Name _____
Address: _____
City _____ State _____ Zip code _____
Phone _____ email _____

I am (check one):
☐ Walking at the event as an individual
☐ Walking at the event as part of a team.
  Team name _____
  Team captain _____
☐ Sponsoring _____ to walk _____ miles (the route is approx. 4 miles)

Donation:
Check one: ☐ $ 25 ☐ $ 50 ☐ $ 70 ☐ $ 100 ☐ other $ _____

☐ CASH ☐ CHECK/Money Order (make checks payable to Grace Alliance Church)
All donations are tax-deductible.

T-Shirt size (walkers only) _____ ☐ Children ☐ Adult (check one)

WALKERS ONLY: I fully acknowledge the risks involved with, and understand that I could get injured during the Walk for a Mission walk-a-thon. I agree to assume the risks of such injury. In the event of injury to my child, dependent or myself, I unconditionally release and discharge Grace Alliance Church and all other persons and entities involved with this event from any and all claims, damages, and expenses that may occur directly or indirectly from my participation in this event. I understand that neither Grace Alliance Church nor any of the sponsors, individuals or groups involved in the coordination of this event makes any representations or warranties about the fitness or condition of the location and its surroundings to be used for this event. I hereby certify that I am in good physical condition and that I am able to participate in this event without harm to myself or others. I agree to permit the use of my name, image and/or likeness in any record of communication relating to the Walk for a Mission walk-a-thon for any legitimate purposes, without compensation or remuneration.

Walker's Name _____

Walker's parent or guardian name if under 18 years (Please PRINT) _____

Walker's signature (parent or legal guardian if under 18 years) _____

Date _____

For questions, call the church office at 732.424.0404 or visit our website at http://www.gracealliance.org

✉ You can also mail this form along with your donation to:
Grace Alliance Church
ATTN: Walk for a Mission Walk-a-thon
240 Stelton Road
Piscataway, NJ 08854

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