



NANTUCKET COTTAGE HOSPITAL

Sunday, July 18, 2010 – Nantucket Cottage Hospital

8:00 am – Registration 9:00 am - Walk 10:30 am - Refreshments

Super Walker Registration and Pledge Form

Super Walker's Name _____

Address _____ City _____ ST _____ ZIP _____

Email _____

I am registering as an individual Super Walker (entrance fee is a minimum of \$25)

Please collect all pledge money as you obtain sponsors. All pledges must be turned in at time of registration on the day of the event. Prizes for most money raised by a team and by an individual. *Leashed pets are welcome on this walk!*

Sponsor Name	Mailing Address	City, ST, ZIP	Phone	Pledge	Tax Receipt*

*For pledges over \$25, your sponsor can receive a tax receipt from the Nantucket Cottage Hospital for their donation, please check the Tax Receipt box above if they would like a receipt.

- **PARTICIPANT WAIVER:** In consideration of being permitted to walk, I, the undersigned, intend to be legally bound hereby, for myself, my heirs, executors and assigns waive and release any and all rights and claims for losses and damages I may have against any union or corporate sponsor, Nantucket Cottage Hospital, and all other event sponsors, their representatives, successors and assigns for any and all injuries suffered by me in said event. Further, I hereby grant full permission to any or all of the foregoing to use photography, video tapes, motion picture and other record of this event for any purpose whatsoever, and I release my rights to payment for such use.

IMPORTANT: PARTICIPANTS UNDER AGE 18 MUST ALSO HAVE THIS FORM SIGNED BY A PARENT OR GUARDIAN.

Print Name _____

Signature _____

Parent's Signature _____

(If participant is under 18)