

MID-MAINE HOMELESS SHELTER AND SERVICES

WALK-A-THON REGISTRATION



Mid-Maine
Homeless Shelter
& Services

Hope Starts Here
www.shelterme.org

Name: _____

Team name: _____

Address: _____

Phone: _____

Email address: _____

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and hereby assume full and complete responsibility for any injury or accident, which may occur during my participation in this event, or while on the premises of this event. If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my permission to Mid-Maine Homeless Shelter and Services and their sponsor to use any photographs, videotapes, or other recordings of me, that are made during the course of this event.

Signature: _____

Signature of Parent/Guardian if under 18: _____

PLEASE RETURN WITH \$10 REGISTRATION FEE TO:
MID-MAINE HOMELESS SHELTER AND SERVICES
19 Colby Street
WATERVILLE, ME 04901

Check can be made out to: Mid-Maine Homeless Shelter and Services!

