2021 Walker Registration Form

Separate Form required for each participant

Yes! I am walking for NAMI Mahoning Valley!

Team you are walking w/:_____ Team Captain Name:_____

Your name:_____ E-mail:_____

Address:_____ City:_____ Zip:_____

Adult:___ Under 18:___ **Individuals under 18 must be accompanied by a responsible adult*

There will be Official 2021 Walk T-shirts available to purchase for only $20 on the day of the Walk. (Limited quantities are available. First come, first serve basis.)

Waiver of Release and Liability: I hereby waive all claims against NAMI, NAMI Ohio, NAMI Mahoning Valley, sponsors or event personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this 1 mile walk. I also grant full permission for organizers to use photographs of me in legitimate promotions of this event including the website, social media and other marketing platforms. Each participant must sign below:

X_____ X_____

Signature of Walker Signature of Parent/Guardian if less than 18 years old

I have recruited the following sponsors:

Sponsor Name:	**Donation Amount:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Please make checks out to NAMI Mahoning Valley. Remember all donations are tax deductible!

Use the back of this sheet if you need more room.

Supported in part by the Mahoning and Trumbull County Mental Health & Recovery Boards