



Yes, I want to walk in *Stride for Health*
Sunday, June 6, 2010

Name: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Age as of June 6, 2010: _____

Sex(circle one): M F

I am participating in a team (circle one): Y N

Name of Team: _____

In signing this entry, I for myself, my heirs, executors and administrators forever release Hallmark Health System, the town of Wakefield, any and all sponsors of the Stride for Health; their successors and assigns from any and all liability in case of death or injury resulting from or in any way related to my participation in this event. I grant full permission for organizers to use photographs or video images of me for any use associated with this event.

Signature

Entry Fees (Non-Refundable): \$10.00

Please return to: Sherry Nadworny
Hallmark Health System
Fund Development
585 Lebanon Street
Melrose, MA 02176