



The Food Bank
of El Dorado County

November 10, 2007 REGISTRATION

PLEASE PRINT CLEARLY. THIS FORM MUST BE COMPLETED ENTIRELY, SIGNED AND DATED BY EACH PARTICIPANT. *Only one registrant per application please.*

First Name:

Last Name:

Age (on Walk Day):

Birth Date:

Male or Female:

Address:

City:

State:

Zip:

Day Phone:

E-mail Address:

Team Name:

Team Captain:

School Name:

In accepting my and/or my dependent's participating in the Walk for Hunger, I, the undersigned, release and hold harmless the Food Bank of El Dorado County, Mansour Companies, the cities and counties where the walk is domiciled, start to finish, and all of their sponsors, affiliates, agents, servants, employees, volunteers, assigns, successors and heirs and all officials concerned for all acts, omissions or negligence which may result in any bodily injury (including death) and/or property loss or damage incurred by me arising out of or in connections with my and/or my dependent's participation in this event. This waiver extends to all claims of any kind and nature whatsoever, whether known or unknown. Furthermore, I permit and grant to the event promoters full and exclusive rights to record my performance on film, videotape, photographs, motion pictures, recording or any other record for legitimate purposes without compensation to me.

SIGNATURE: _____ Date _____

Parent's or Guardian's Signature (if under age 18) _____ Date _____

ENTRY FEES

Adult Registering \$25.00 \$_____ Students, (ages 17 under) \$10.00 \$_____

Shirt Size (Cannot be guaranteed): S M L XL XXL No Shirt

Total Amount Enclosed \$ _____

Bill my Credit Card, circle one: MC Visa # _____ Exp. Date # _____

Credit Card Signature Authorization: _____

FOR OFFICAL USE	
Received:	Paid: