

**Scleroderma Foundation, Northern California Chapter
San Jose Walk/10K Run Registration Form (One Form per Person Please)**

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Choose Registration Option: 2 Mile Walk/Fun Run _____ \$25 Adult _____ \$15 Child (age 16 and under)

10K Run _____ \$30 Pre-registration before May 9 _____ \$35 after May 9

Male _____ Female _____ Age _____ T-shirt Size Child _____ S _____ M _____ L _____ Adult _____ S _____ M _____ L _____ XL _____ XXL

A signature is required in the waiver section below. Parent must sign for children.

WAIVER. In consideration of being permitted to participate in "Stepping Out to Cure Scleroderma," I hereby, for myself, my heirs and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the Scleroderma Foundation, any chapter, support group, officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I agree to the use of any photo, film, or videotape of the event for any purpose.

Adult Signature _____

Registration Fee \$ _____ **Team Name if Applicable** _____

I am walking in honor of _____ **In memory of** _____

I am unable to attend. Please accept my contribution of \$ _____

Please mail this registration and your payment/donation to:

Scleroderma Foundation Northern California Chapter, PO Box 601313, Sacramento, CA 95860

Name	Street Address	City/State/Zip	EMAIL	Amount
			Total Sponsor Contribution	

Please Sign Up Sponsors

