



Piedmont Health Services
and Sickle Cell Agency

1st Annual Sickle Cell Walk/Run

OFFICIAL ENTRY FORM

Participant's Name Age

Address City State Zip

Telephone (day) Mobile

Registration Fee: \$25 per person (includes complimentary T-shirt)

My company has a matching gift program. Company: _____

Enclosed is \$25 for registration fee. Circle T-shirt size: M L XL 2X

I am unable to attend but please accept my donation of \$ _____

Do you have sickle cell disease? Yes No

Please make checks payable to:

Piedmont Health Services and Sickle Cell Agency (PHSSCA)

Mail to:

610 East 7th Street, Suite 2B
Charlotte, NC 28202

Waiver

Please read and sign. Legal guardian signature is also required for participants under the age of 18.

I, for myself, my heirs, and executors, in consideration of any participation in the Piedmont Health Services and Sickle Cell Agency 1st Annual Sickle Cell Walk/Run, hereinafter called "the event", hereby release and hold harmless the event, its officials, members sponsors, organizers, agents, and other coordinating individuals or groups in connection with the event. I certify that I am in proper physical condition to participate in the event without risk of serious injuries. I also give my consent for the free use of my name and picture, by the event and any and all media, in any broadcast, telecast, or other account of the event.

Signature

Parent/Legal Guardian Signature