



Strides to Thrive

A WALK TO BENEFIT ADULTS WITH DISABILITIES.

register now

CONTACT INFORMATION

Name: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Evening Phone: _____
 Email Address: _____

DONATION INFORMATION

Donations are fully tax-deductible. All participants who attend the event will receive a gift bag and take part in the after-walk party.

Adult Registration Fee: \$25
 Child Registration Fee (kids 12 & under): \$15
 Team of 10 (Teams will be recognized on event signage) \$150
 Event Sponsor: \$500
 Corporate Sponsor: Please contact us at info@stridestothrive.com.
 Virtual Walker: Any donation is appreciated!

PARTICIPANT INFORMATION *Please check one.*

- I am walking as an individual.
- I am walking with a group. Number of adults: Number of children:
- I would like to be an event sponsor.
- I cannot attend, but I would like to be a virtual walker and make a donation.

Please specify adult T-shirt sizes for all walkers: S M L XL

Total donation enclosed.

Please make your check payable to JFGH - Strides to Thrive. Please do not send cash.

STRIDES TO THRIVE PARTICIPANT WAIVER

Waiver and Release of Liability and Assumption of Risk and Indemnity Agreement

In consideration of your acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators forever waive release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever, including personal injuries to me or wrongful deaths, against Jewish Foundation for Group Homes, the Strides to Thrive Event staff and volunteers, which may arise from my participation in the Strides to Thrive Walk. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. I grant full permission to any and all organizations which obtain photographs, videotapes, recordings, or any other record of the event to use them for any purpose whatsoever, and for an unlimited amount of time. I understand that funds remitted are non-refundable and non-transferable for any reason.

By (Name): _____ Date: _____

Print this form and please mail it to:
ATTN: Strides to Thrive
Jewish Foundation for Group Homes
1500 East Jefferson Street
Rockville, MD 20852