

Walk a Mile in Their Shoes Registration Form

Last Name:	First Name:
Address:	City:
Postal Code:	Email:
Phone Number:	
Team Name (If applicable):	
PLEASE READ CAREFULLY - WALK A MILE IN THEIR SHOES WAIVER	
In consideration of my entry in the Walk A Mile event I, for myself, my heirs, my executors and administrators waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, its employees, all sponsors and their representatives and all claims of damages, demands, actions, whatsoever in any manner, as a result of my participation in the event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for participation in this event and I have not been advised otherwise by qualified medical personnel. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without competition.	
☐ By checking this box, I agree to the registrat	
My t-shirt size is (circle one): S M L XL My shoe size is (men's): \square OR \square I	2XL 3XL 4XL (included in registration fee) I will bring my own pair of red shoes
Please send completed registration forms to events@steppingstonessociety.ca	
Registration fees can be paid via e-transfer to finance@steppingstonessociety.ca (please indicate in e-transfer memo "WAM Registration" + Your name) or online at https://steppingstonessociety.ca/walk-a-mile/	
SIGNATURE OF PARTICIPANT:	
SIGNATURE OF PARENT OR GUARDIAN (under 18):	

We appreciate your support of the Walk a Mile in Her Shoes Event. We treat your personal information with respect. The information you provide will be used to provide tax receipts and to keep you informed of the other events in support of Stepping Stones Crisis Society. If you wish to be removed from this list, please simply call or e-

mail communications@SteppingStonesSociety.ca or 780-826-9875