

NAMIWalks

Off-Line REGISTRATION FORM

**2019 NAMIWalks Minnesota, Saturday, September 28, 2019, 1:00 p.m.
Minnehaha Park, Minneapolis**

Each person who walks or visits the walk site must complete a registration form.
To register online, visit namimn.org

Name: _____ Adult__ Child (under 18)____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Are you: Individual Walker: _____ OR Team Walker: _____
Team Name: _____
Team Captain Name: _____

Your donations will benefit NAMI Minnesota unless you select a contracted affiliate. Do you want your donations to benefit an affiliate? If so, please check one:

NAMI Anoka NAMI Dakota NAMI Duluth Area NAMI Ramsey
 NAMI Forensic Network NAMI Grand Rapids NAMI Hennepin NAMI Scott
 NAMI Washington NAMI Winona NAMI Western Minnesota NAMI Moorhead

Donation Turned In : \$ _____

CHARGE MY CREDIT CARD:

MasterCard VISA American Express Discover

Name on card: _____

Card Number: _____

Expiration Date: _____

Each participant MUST read and sign below:

Waiver and Release of Liability

I hereby waive all claims against NAMI, NAMI Minnesota, sponsors, or any personnel for any injury that I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs or videos of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____

Parent or Guardian: _____ (If Walker is less than 18 years of age)