**14th ANNUAL DR. JAMES R. CLARK MEMORIAL SICKLE CELL WALK**

**Please note walk location change below:**

**Martin Luther King Jr. Park**

**2300 Greene St, Columbia, SC 29205**

**SATURDAY SEPTEMBER 14, 2019**

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The undersigned Participant makes this application to participate in the James R. Clark Memorial Sickle Cell Foundation Walk with the expressed understanding that the James R. Clark Memorial Sickle Cell Foundation is not responsible for any sickness or injury that the Participant may receive while in attendance or participating in this event. The James R. Clark Memorial Sickle Cell Foundation reserves the right to reject any and all applicants. Applicant agrees to hold the James R. Clark Memorial Sickle Cell Foundation, its employees and sponsors harmless against all damages due to sickness or injury occurring while in attendance at this event. The Participant affirms that he/she is physically able to participate in the event and that he/she does not suffer from any condition which would make such participation dangerous to the participant or to others and understands that some pictures may appear on public media.* **Signatures are required for participation in the Walk to indicate agreement with all terms of the above waiver.**

**Registrations must be received by Friday, August 16, 2019 to guarantee preferred t-shirt size. The team that raises the most money, will receive a plaque of recognition.**

* This form may be photocopied.
* Individuals donating $15.00 or more have the option of receiving a T-Shirt.
* **T-shirt sizes are only guaranteed if money is received by Friday, August 16, 2019.**

**PLEASE MAKE CHECKS PAYABLE TO: James R. Clark Memorial Sickle Cell Foundation and designate money for the Scholarship Fund.**

**Name Address E-mail Address Phone Number Amount Size**

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Total amount of CASH listed on this form: $\_\_\_\_\_\_\_\_\_

Total amount of CHECKS listed on this form: $\_\_\_\_\_\_\_\_\_

**GRAND TOTAL**: $\_\_\_\_\_\_\_\_\_

**GRAND TOTAL T-SHIRTS** YL\_\_\_\_\_\_\_ S\_\_\_\_M\_\_\_\_L\_\_\_\_XL\_\_\_\_XXL\_\_\_\_3X\_\_\_\_4X\_\_\_\_5X

**Name Address E-mail Address Phone Number Amount Size**

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Total amount of CASH listed on this form: $\_\_\_\_\_\_\_\_\_

Total amount of CHECKS listed on this form: $\_\_\_\_\_\_\_\_\_

**GRAND TOTAL**: $\_\_\_\_\_\_\_\_\_

**GRAND TOTAL T-SHIRTS** YL\_\_\_\_\_\_\_ S\_\_\_\_M\_\_\_\_L\_\_\_\_XL\_\_\_\_XXL\_\_\_\_3X\_\_\_\_4X\_\_\_\_5X