17th ANNUAL DR. JAMES R. CLARK MEMORIAL SICKLE CELL WALK
Martin Luther King Jr. Park
2300 Greene St, Columbia, SC 29205
SATURDAY SEPTEMBER 30, 2023

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 received by Friday, August 31, 2023, are guaranteed preferred t-shirt size. The team that raises the most money, will receive a plaque of recognition.**==

- **T-shirts will be available for purchase with registrations received after the 31th and at onsite walk registration**
- **Adults $25.00 – Youth thru age 18 - $15.00. Deduct $5.00 for each <u>adul</u>t shirt if postmarked by the 31st.**

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

Total amount of CHECKS listed on this form: $_____ **GRAND TOTAL**: $_____

GRAND TOTAL T-SHIRTS YL_____ S____ M____ L____ XL____ XXL____ 3X____ 4X____

Name	Address	E-mail Address	Phone Number	Amount	Size

Total amount of CHECKS listed on this form: $_____

GRAND TOTAL: $_____

GRAND TOTAL T-SHIRTS YL_____ S____M____L____XL____XXL____3X____