



SATURDAY MAY 21, 2011

WWW.PLUMHILLRUNWALK.COM

DONATION REGISTRATION FORM

(Please print legibly to ensure accurate registration.)

First Name _____ **MI** _____ **Last Name** _____

Company Name _____

Street Address _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

**Donation
Amount:**
\$ _

**And/O
r**

**Raffle Prize
Donation:** _____

**Please make checks payable to the Plum Hill Run Walk.
Please send the completed registration form & payment
to:**

Plum Hill Run Walk
PO Box 1006
Kaukauna, WI 54130

CONSENT & LIABILITY WAIVER

Hold Harmless: By participating in the Plum Hill 5K Run/Walk for Leukemia, I agree to release and hold harmless Plum Hill Café, its officers, directors, employees and agents and the city of Kaukauna, from any and all liability, losses, claims, actions, costs, including attorney fees resulting from injury to person or damage to property arising out of my participation in the Plum Hill 5K Run/Walk for Leukemia.

Photographic Authorization: I hereby give Plum Hill Café, and its affiliates, permission to photograph me during the run/walk and its related activities and to use those photographs for any purpose, including, but not limited to, commercial purposes, Plum Hill Café advertisements and promotional materials.

Medical Treatment: As a participant in the Plum Hill 5K Run/Walk for Leukemia, I understand I may become ill or injured and medical treatment may be necessary. I give consent to City of Kaukauna Paramedic & Ambulance service medical staff and/or volunteers to evaluate, treat injuries/illnesses and activate emergency care as indicated.

Signature _____ **Date** _____