

Yes! I want to participate in NAMIWalks as a:



Registration Form

(A separate form is required for each participant)

Team Captain – I want to lead a team. Team Member – I want to be on a team.		-	oant – I am not on d t - I will join from afd	
Team Captain Name (if applicable):				
Team Name (if applicable):				
Which NAMI State Organization or Affiliate are	you walking	with? (if applicable	e):	
First Name:	Last Name:			
Address:				
City:	State:		Zip:	
Email Address:				
Phone Number:				
Raise \$100+ and receive a T-shirt. (Limited to o come, first served.) What is your T-shirt size?		• •	and size selection M L XL 2XL 3XL	
What is your birth date? (optional):				
EACH DADTICIDANT MIIST ACCEPT THE WAIN	VED BY SIG	NING RELOW:		

Signature:

I hereby waive all claims against NAMI, 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 understand that registered participants may bring leashed dogs to select walks at their own risk, and I will check with my Local Walk Manager. I grant full permission for organizers to use photographs and video footage of me and quotations from me in legitimate

accounts and promotions of this event, future events, and NAMI.