



ANNUAL FLINT

Sickle Cell

WALK

SATURDAY,
SEPTEMBER 16

MAX BRANDON PARK • DUPONT ST. FLINT

\$15 ADULT • \$30 FAMILY OF 3

To register, please complete the form on the back

9:00 AM

ON-SITE REGISTRATION

10:00 AM

WALK BEGINS

All Proceeds benefit the Sickle Cell Fund at Hurley Foundation

Co-Sponsored by Metropolitan Baptist Tabernacle





Annual Flint Sickle Cell Walk
Saturday, September 17, 2022 @ 9AM
Max Brandon Park - Flint MI

PLEASE PRINT

Registrant Name: _____ Last Name: _____

Address _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

T-Shirt Size (unisex sizing): _____

Registration Fee (Donation):

\$15 - Adult

\$5 - Child (8-16)

\$30 - Family of 3

FREE - Child (7 and under)

Check enclosed \$ _____

Cash enclosed \$ _____

I know that running and walking in competition is a strenuous and potentially hazardous activity. I understand and assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, race officials, volunteers, spectators, sponsors or race directors or any of their staff or bystanders, the effects of weather, including rain, heat and/or humidity, traffic, altitude, road and surface conditions, all risks being known and appreciated by me. Having read this waiver and knowing these facts, and in considering your accepting my entry, I, for myself, my heirs, and anyone entitled to act on my behalf, waive and release all associated parties including the employees, officers, agents and directors of these organizations, and any other organization or individual associated with this event and representatives and successors before, during and after the event, from all claims or liabilities of any kind, but not limited to death, personal injury or property damage arising out of my participation in the , even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness prior, during or after the race resulting from my participation in the event. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of the event for any legitimate purpose.

Signature _____, Date _____

Make check payable to: **Metropolitan Baptist Tabernacle C/O Sickle Cell Walk**

Send completed form to: **Metropolitan Baptist Tabernacle
930 E Myrtle Ave
Flint, MI 48505**

All proceeds of this event will benefit the Sickle Cell Fund at Hurley Foundation

