



## 2021 8th Annual Haiti Clinic \*Virtual\* Run/Walk

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Birthday (Month and day only):** \_\_\_\_\_

**Please circle:** Male or Female

**When:** Saturday, May 1, 2021

**Location:** Where ever you chose!

**Registration Donation:** \$35.00 *Tax-Deductible*

**On-Line Registration:** [www.HaitiClinic.org](http://www.HaitiClinic.org)

### **Have Questions?**

***Please email: [info@haiticlinic.org](mailto:info@haiticlinic.org)***

### **Interested in Sponsorship?**

***Please email: [Jennifer@haiticlinic.org](mailto:Jennifer@haiticlinic.org) or call 754-235-6584***

I understand that participating in this virtual event can potentially be a hazardous activity presenting risk. As a condition of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result. I and anyone entitled to act on my behalf, waive, release and hold harmless Haiti Clinic and all parties connected with this event from all claims and liabilities of any kind arising out of my participation. I will permit emergency treatment in the event of injury or illness while participating. I give permission to use my name and photos taken of me during the event in any promotional material, publication, or on the website. I certify that I have read and understand the intent of this waiver and release.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Print form and mail completed form along with your check (if applicable) made payable to *Haiti Clinic*:**  
**Haiti Clinic, 865 37th Place, Vero Beach, FL 32960**  
**or Email: [info@haiticlinic.org](mailto:info@haiticlinic.org)**  
**or Text a picture: 754-235-6584**