



2021 10th Annual Haiti Clinic *Virtual* Run/Walk

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Birthday (Month and day only): _____

When: Sunday, May 22 - Saturday, May 28, 2022

Location: Where ever you chose!

Registration Donation: \$45.00 *Tax-Deductible*

Have Questions?

Please email: info@haiticlinic.org

Interested in Sponsorship?

Please email: 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
or Text a picture: 754-235-6584**