



**Registration  
and  
Waiver Form**



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and  
Waiver Form**

Please Print Clearly:

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Date of Birth: (Month/Day/Year) / \_\_\_\_ / \_\_\_\_

**Waiver:** I hereby waive all claims against Breathe California of the Bay Area, sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature X \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_  
(If under 18)

I would like to make a gift in support of the Breath of Life Walk in the amount of \_\_\_\_\_

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp. Date

Please Print Clearly:

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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