

Saturday, April 27, 2019  
 On-Site Registration 12pm  
 Walk Begins at 1 pm  
 The walk will be located at  
 Safety City, 4500 Avenue U



Proceeds benefit Voice of Hope  
 Phone: 806.763.3232  
 Fax: 806.763.1801  
 For more information,  
 contact Leslie Timmons



## WALK A MILE IN HER SHOES MARCH TO STOP SEXUAL VIOLENCE REGISTRATION FORM

Funds raised will be used to assist victims of sexual assault and/or sex trafficking in our communities and provide sexual assault primary prevention programs in local schools.

 **STEP ONE** REGISTERED PARTICIPANT  
 (Please print clearly)

NAME (Primary Contact) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_


**Both men and women are welcomed to march.  
 NO HEELS REQUIRED TO SHOW YOUR SUPPORT.**

**REGISTRATION FEE:**

\$20 Adult Registration       \$10 Kids (12 & Under)

\$15 Student (ID Required)       \$50 Family (Includes 4 T-shirts)


Additional Participant Names & Ages:  
 \_\_\_\_\_  
 \_\_\_\_\_

 **STEP TWO** HEELS (optional)

Please indicate the shoe size you will need \_\_\_\_\_  
 (no half sizes available)

Sizes 8-17 available on first come/first serve basis.  
 Marchers may provide their own shoes.

**SHOES ARE ON LOAN  
 and will need to be returned after the march.**

 **STEP THREE** T-SHIRT


Registered march participants will receive a complimentary T-Shirt while supplies last.

**Please indicate your shirt size:**

YOUTH    SM    MED    LG

ADULT    SM    MED    LG

XL    XXL

 **STEP FOUR** WALK A MILE WAIVER

In consideration of my entry in the Voice of Hope Walk a Mile in Her Shoes March to Stop Sexual Violence, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages or injury I have or may incur against the organizers of this event, its principals, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever in this manner, as a result of my participation in the Walk a Mile March to Stop Sexual Violence event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and have not been advised otherwise by a qualified medical person. Further, I hereby grant permission to any and all foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event with out compensation. Voice of Hope reserves the right to refuse participation in our Walk-A-Mile event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

**All entrants (parents/guardian if under 18) must sign**

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**