INTERNATIONAL WALK for CELIAC DISEASE

Saturday, OCTOBER 9th 2010 8am - 12pm

Park & Ride Lot on Cherry Valley Rd. Newark, Ohio

REGISTRATION FORM

Name:_____ Address:_____

City:_____ State: _____ Zip:_____

Phone:_(___)_____ Email:_____

Amount Enclosed:_____

PRE-REGISTRATION FEE:

$10.00 single

$20.00 family (4)

EVENT REGISTRATION FEE:

$15.00 single

$25.00 family (4)

Make Checks Payable to: UMB Fdn-Center for Celiac Disease Research

Mail to: Val Kesman 1831 Morgan Center Rd. Utica, Oh. 43080

** Registration Deadline: September 14th **

" Please make a copy to retain for your records "

DISCLAIMER:

I, the undersigned, agree to indemnify and hold harmless the Newark Celiac Support Group and authorized volunteers from and against all claims, damages, losses and expenses, including attorney fees, arising out of the permitted activity or event, if such claims 1) is attributable to personal injury, bodily injury, disease or death, or injury to, or destruction of property, including the loss of use therefrom, and 2) is not caused by the negligent act, or omission, or willful misconduct of the Newark Celiac Support Group, or their volunteers associated with this event. An adult must accompany all children under the age of 12. A parent or legal guardian must sign if applicant is under 18 years of age.

AUTHORIZED SIGNATURE:_____ Date:_____

* All contributions are tax deductable ..... Tax ID# 31-1678679 *

INTERNATIONAL WALK PLEDGE SHEET

Name	Address	City/State	Zip	Pledge