



**1st ANNUAL VIM WALK
FOR THE UNINSURED 3K**
Saturday, April 10th, 2010
9:30 AM
Volunteers in Medicine Clinic

Please Print

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

(To be used only for reminder for next year)

WAIVER: In consideration of being permitted to participate in the Walk for the Uninsured, I hereby, for myself, my heirs, and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the sponsors, organizers, volunteers, the City of Bloomington and their representatives, or successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the Walk for the Uninsured and any related activities. I also agree to the use of any photo, film or video tape of the event for any purpose.

Signature: _____

Parents' signature for children under 18 years old:

The Walk is FREE, but donations are gladly accepted!

- * **April 10, 2010** * **A 3K Walk around the Volunteers in Medicine Neighborhood**
- * **8:30 a.m. Registration** * **9:30 a.m. Walk**

**PLEASE BRING THIS COMPLETED FORM TO THE FRONT
DESK AT VOLUNTEERS IN MEDICINE OR TO THE WALK**