

**2020 TEAM REGISTRATION FORM**

**Yes!** We want to join YWCA in standing up against sexual, domestic and gender violence at the **8th Annual Virtual Walk A Mile In Her Shoes**, taking place Monday, October 19th through Friday, October 23rd.

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

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

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

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

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

My team registered online      Our Team Goal is: \$ \_\_\_\_\_

Team Member Name	Team Member Mailing Address	Team Member Email	Waiver Signed

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

**Team Captains: Register your team at [www.ywcastl.org/event/wam8](http://www.ywcastl.org/event/wam8), or you can return the form and waivers to Aimee at [events@ywcastlouis.org](mailto:events@ywcastlouis.org). Thank you for your support!**

**8th Annual Virtual Walk A Mile In Her Shoes  
WAIVER OF LIABILITY**

In consideration of my entry into YWCA Metro St. Louis' "Walk A Mile In Her Shoes" event—Monday, October 19 through Friday, October 23, 2020—I hereby release and discharge the organizers and sponsors of this event, including without limitation YWCA Metro St. Louis and the City of St. Louis, and each of their directors, officers, owners, employees, affiliates, representatives, volunteers or successors from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including bodily injury and/or death, that may be sustained by me or to any property belonging to me as a result of my participation in this event, including traveling to and from the event.

I understand that the nature of the event involves strenuous physical activity, performance in an uncontrolled environment, contact with unfamiliar people and other potential risks. I am fully aware of the risks and hazards connected with the event and elect to voluntarily participate in the event. I attest and verify that I am physically fit and have sufficiently trained for participation in this event, and I have not been advised otherwise by any qualified medical personnel. I hereby assume the risk for any accident or injury to person or property which I may sustain or cause in conjunction with my participation in the event. Further, I hereby grant full permission to any and all of the foregoing organizers and sponsors to use my name, likeness, and image in any public broadcast, telecast, video, print or social media of this event and without compensation.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_