

## Registration & Donation Form

The fastest way to register or support a walker is online at [www.stepsthatcount.org](http://www.stepsthatcount.org). You can also mail completed form to Steps that Count, American Kidney Fund, 6110 Executive Blvd, Suite 1010, Rockville, MD 20852. Please print clearly.

Choose your walk city:       Hoboken, NJ       San Antonio, TX  
   October 2, 2010      October 16, 2010

### General Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apartment/Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please complete the appropriate information to register as a walker or make a donation in support of a walker.

- I am forming a team and will serve as team captain. Team Name: \_\_\_\_\_
- I am joining an existing team. Team Name: \_\_\_\_\_
- I will walk as an individual.
- I will not be able to walk, but would like to raise funds as a virtual walker.
- I do not intend to walk, but would like to make a donation in support of a walker or team.

Walker's name: \_\_\_\_\_ Team name: \_\_\_\_\_

Preferred Shirt Size (walkers only):    S      M      L      XL      XXL

**To create an online fundraising page, please visit [www.stepsthatcount.org](http://www.stepsthatcount.org)**

### Donation Information

I would like to make a personal donation of \$ \_\_\_\_\_

Check is enclosed (Please make all checks payable to American Kidney Fund) Check #: \_\_\_\_\_

Credit Card:     Amex     Discover     Mastercard     Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

### Steps that Count Waiver and Permission (Each participant must read and sign)

"I acknowledge that walking can be a strenuous activity and that no event is without risk. I have consulted with my physician regarding my ability to participate in this event. I am following my physician's advice. I hereby waive all claims against the American Kidney Fund, event sponsors, volunteers, personnel assisting with this event for any injury, accident, loss, or damages that may occur to me at this event. I acknowledge that this is a walk on public streets and that risks associated with the use of public streets will be present. I assume all risks, including risks that are foreseeable and unforeseeable. If a minor child accompanies me and participates in the event, I shall be responsible for supervising such minor child and similarly assume all risks related to participation by my child.

I grant full permission to American Kidney Fund to make use of any photograph, videotape, or quotation of me and my child at or in connection with this event in the promotions by American Kidney Fund of its events, promotions and publications. I acknowledge that such use by American Kidney Fund shall be made on a royalty-free basis and I waive any right to payment for any such use. I have read this Waiver and Permission and understand it."

I have read and agreed to the above waiver:

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

(If participant is under 18 years old, must be signed by Guardian)

Guardian's Name (if applicable): \_\_\_\_\_