



# Registration Form

**Participant 1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 5K Run: \_\_\_\_\_ 5K Walk: \_\_\_\_\_ Gender: M F T-shirt: Child S Child M Child L S M L XL XXL 3XL

**Family member #2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 5K Run: \_\_\_\_\_ 5K Walk: \_\_\_\_\_ E-mail: \_\_\_\_\_ Gender: M F  
 T-shirt: Child S Child M Child L S M L XL XXL 3XL Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family member #3:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 5K Run: \_\_\_\_\_ 5K Walk: \_\_\_\_\_ E-mail: \_\_\_\_\_ Gender: M F  
 T-shirt: Child S Child M Child L S M L XL XXL 3XL Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family member #4:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 5K Run: \_\_\_\_\_ 5K Walk: \_\_\_\_\_ E-mail: \_\_\_\_\_ Gender: M F  
 T-shirt: Child S Child M Child L S M L XL XXL 3XL Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**How did you hear about IWALK?** \_\_\_\_\_

Would you like to receive updates from ACTS? Yes \_\_\_\_\_ No \_\_\_\_\_ Image Church? Yes \_\_\_\_\_ No \_\_\_\_\_

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| <p><b>PAYMENT:</b> \$20/individual _____ \$15/team member (4+ per team) _____ \$50/family _____</p> <p>Cash _____ Check _____ Please do not mail cash. Make checks payable to ACTS + IWALK on the memo line.</p> <p>Credit Card # _____</p> <p>CVV _____ Expiration Date _____ Name On Card _____</p> |
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*I agree and will hold harmless Action in Community Through Service (ACTS) and Image Church, Stonebridge at Potomac Town Center / The JBG Companies, corporate sponsors, cooperating organizations and all parties connected with IWALK from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating in the event. I give permission to ACTS, Image Church, and Stonebridge at Potomac Town Center / The JBG Companies to use my name and photos taken of me during the event in any promotional material, publication, or on the ACTS, Image Church or event website. ACTS and Image Church withhold the right to dismiss anyone that may cause any disturbance. I certify that I have read this waiver and release and understand its intent.*

\_\_\_\_\_  
 Date Participant Signature

\_\_\_\_\_  
 Date Parent or Legal Guardian Signature if participant is under 18

Return by mail to ACTS, PO Box 74, Dumfries, VA 22026 or drop off at ACTS headquarters (3900 ACTS Lane, Dumfries).