



Roll-or-Stroll

Participant Registration Form

This non-competitive event is sponsored by the Western Maryland Hospital Center Auxiliary and is in conjunction with a 5K Run/Walk and Kids' Fun Run hosted by MIHI, Inc. The events will be held on the WMHC campus. Funds raised from the Roll-or-Stroll event will support the Therapeutic Gardens and the Fletcher Fitness Trail at the WMHC. Registrants will raise pledges to participate in the event.

Date: June 20, 2015

Time: Roll/Stroll @ 10:00AM

Location:

Western Maryland Hospital Center
1500 Pennsylvania Avenue
Hagerstown, Maryland 21742

Contact Information:

WMHCArollstroll@gmail.com
Or call 301-824-7140

Handicapped parking is available

- * Please complete the registration form at the bottom and return it by **June 1, 2015** to the Western Maryland Hospital Center Volunteer Office.
- * Participant is responsible for collection of pledges.
- * Pledges are based on participation, not distance or time.
- * Prizes will be awarded to the top three fundraisers.
- * Registered participants receive one event t-shirt and gift bag. Additional t-shirts may be purchased for \$12.00.
- * The Roll-or-Stroll route is designed to easily accommodate participants' wheelchairs.
- * Caregivers, guides, parents or other support persons are welcome and encouraged to support participants throughout the course!
- * Roll-or-Stroll event will be held rain or shine. An alternative indoor course at WMHC is available in the event of rain.
- * Completed pledge forms and funds must be submitted to the Event Committee at the Welcome Booth on the day of the event. Welcome and check-in open at 7:30AM.

(Please Print) Participants Name: _____

Address: _____

Telephone (H) _____ (C) _____

Email: _____ t-shirt size: S M L XL XXL

Release & Consent Form: In consideration of the acceptance of my entry/my child's entry, our executors, administrators, and assignees do hereby release and discharge the organizers of this event and other sponsors and organizers of all claims and damages, actions whatsoever in any manner arising out of my/my child's participation in said event. I attest and verify that I have full knowledge of potential risks involved with participation in this event. I hereby grant full permission to any and all of the foregoing to use my/my child's name, photographs, videotapes, motion pictures, recording or other record of the event for legitimate purposes without compensation or remuneration.

Signature (parent/guardian must sign for participant under 18) _____