



# Join Kansas Shrine Bowl for our Walk for LOVE!



**Date:** Saturday, July 29, 2017 (Rain or shine)

**Time:** 7:30 a.m. - Walk registration/check-in begins  
8 a.m. - Walk for LOVE begins

**Location:** BG Products Veterans Stadium  
392 SW Haverhall Road  
El Dorado, KS 67042

**Registration Fee:** \$25\* (Walkers and Non-Walkers)  
*\*All proceeds benefit Shriners Hospitals for Children® – St. Louis*

**Registration Form** Online registration also available at [walkforlove.org](http://walkforlove.org).

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_/\_\_\_/\_\_\_ **GENDER:** M / F **T-SHIRT SIZE:** YXS YS YM YL  
*Circle one* *Circle one* S M L XL XXL

**CONNECTION:** Patient Family Shriner Supporter  
*Circle one*

## Sponsorship Form

Please make checks payable to: Kansas Shrine Bowl, benefits the St. Louis Hospital

Donations should be collected, recorded on registration form and submitted at registration on event day or mailed to: Kansas Shrine Bowl 9080 Parkhill St. Lenexa, KS 66215

Sponsor Name	Amount Donated	Cash	Check	Credit

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

## Waiver Form Please read before signing.

I understand that my agreement to the terms of this release and waiver is a prerequisite for participation in the Shriners Hospitals for Children® – Kansas Shrine Bowl Walk for LOVE™. I the undersigned, intending to be legally bound, waive and release for myself, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions, which I may have against Shriners Hospitals for Children – Kansas Shrine Bowl, volunteer medical support, all participating supporters and those entities' representatives, successors and assignees, from my participation in the event, including any and all injuries suffered by me because of my participation in this event. I verify I have full knowledge of the rigors of this walk and the risk involved in participation. I realize medical support for this event will consist of volunteer medical personnel prepared to administer first-aid type assistance. I hereby grant permission to the Shriners Hospitals for Children – Kansas Shrine Bowl and its sponsors to use all information submitted in my application and any photograph, videotape, recording and any other record of this event including, my likeness and name for any lawful purpose related to the walk and post-walk publicity. The Shriners Hospitals for Children – Kansas Shrine Bowl Walk for LOVE is open to all people who are physically fit. It is recommended that anyone with a history of health issues consult with their physician before undertaking the walk.

The Walk Director reserves the right to reject any entry. No unauthorized bicycles, roller blades or skateboards will be permitted during the walk.

**Under age 18, please check box**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (Parent/guardian if under 18)

DATE: \_\_\_\_\_