

WALK A MILE IN HER SHOES®

The Men's March to Stop Rape, Sexual Assault & Gender Violence

Benefitting



Presented in association with

www.walkamileinher shoes.org

The Men's March to Stop Rape, Sexual Assault & Gender Violence

Saturday, April 24, 2010 - Riverside Park, Findlay

Registration: 10:00 AM

Opening Ceremony: 11:30 AM

Walk Start: 12:15 PM

Reception & Awards: 1:00 PM

Registration Fee: Adults - \$20; Students - \$10

****Boys 16 and under walk free with Adult**

***\$10 OFF Adult registration if you bring your own high heels**

****RAISE \$200 OR MORE IN PLEDGES AND YOUR REGISTRATION FEE IS WAIVED!****

Walker Instructions:

- 1) Register as a Walker or Team by contacting Open Arms at 419-420-9261 or openarmsfindlay@yahoo.com.
- 2) Secure pledges (See Back of Form) from others willing to donate in order to see you walk one mile in women's high heeled shoes! Remember, the Walker with the highest amount of pledges wins the GRAND PRIZE!
- 3) Spread the news!! It's not every day there is a parade of men in high heels in Findlay! Encourage your pledge contributors to attend the event on April 24.
- 4) Collect pledged amounts, cash and checks, and turn them in at the Open Arms Office, 401 West Sandusky Street, Findlay prior to the event, or at the Registration Table the day of the event. For credit card pledges, contact Open Arms, 419-420-9261. All money must be turned in by event day, April 24, 2010.
- 5) You must read and sign the Waiver on the bottom of this form.

****A GRAND PRIZE WILL BE AWARDED TO THE WALKER (OR CHALLENGER) WITH THE HIGHEST PLEDGE AMOUNT****

WALKER WAIVER: In consideration of my entry in the Walk a Mile event, I, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation in the event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and I have not been advised otherwise by a qualified medical person. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without compensation.

Signature _____

Name of Walker _____ Phone _____

Address _____

City/State _____ Email _____

TEAMS: If your company/organization is walking as a team, please complete your business (team) name below.

Business/Organization Name _____

All registration fees or pledge checks should be made payable to: Open Arms.

Donor Name	Donor Address	Phone Number	AMOUNT PLEDGED		
			Cash	Check	V/MC
1			\$	\$	\$
2					
3					
4					
5					
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