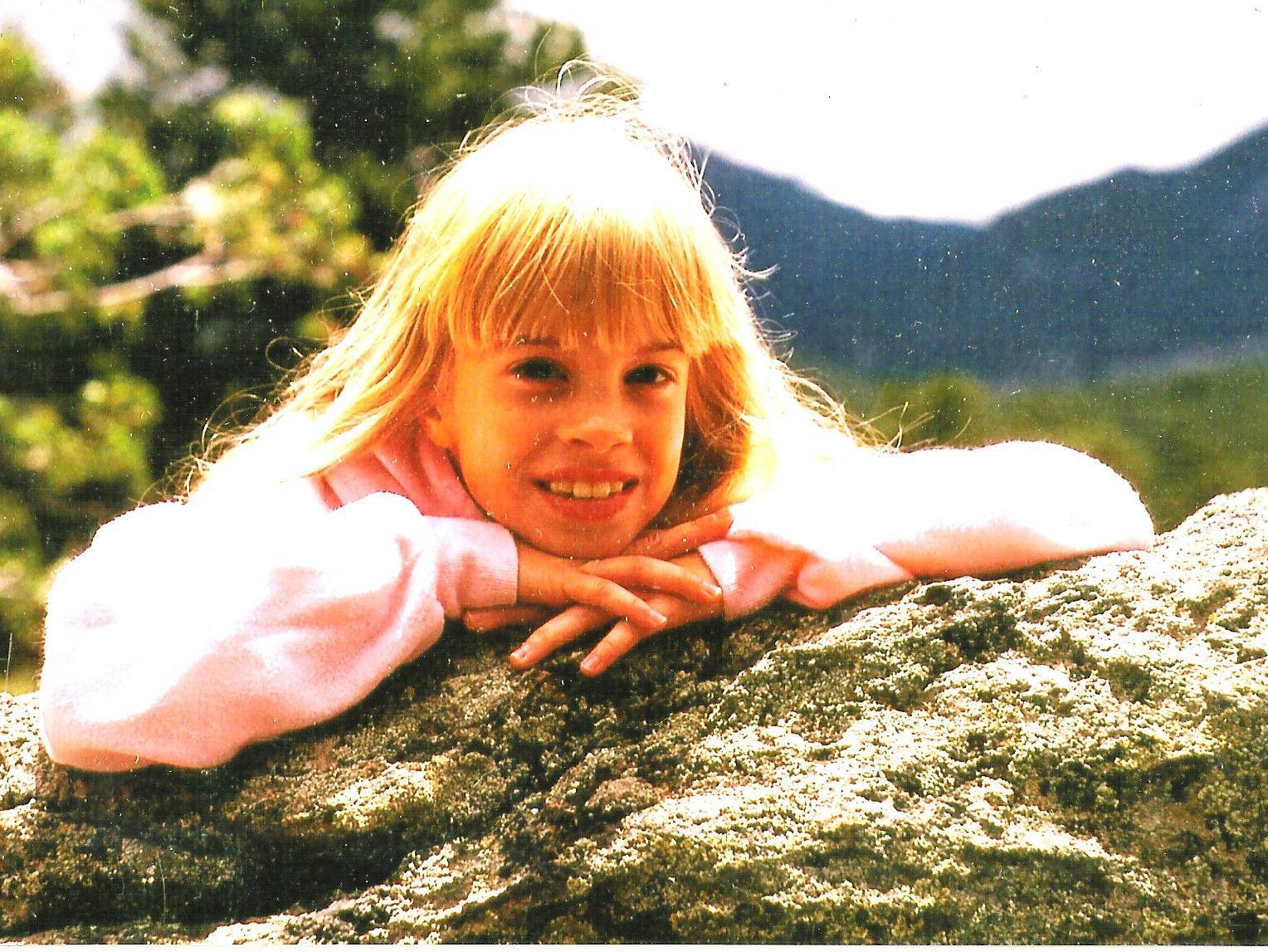
# 26th ANNUAL

VIRTUAL

Walking for Amy

# ST JUDE BENEFIT

In Memory of Amy Schwind & all St Jude patients



Please register & complete a 2 mile walk or 5k run in memory of Amy or another St Jude patient before July 17th. Please post a picture to the Walking for Amy Facebook page.

Registration Forms @ Roanoke Post office and So Fit or Online @ [http://www.rb60.com](http://www.rb60.com/rbhs/) [http://www.iamsofit.com](http://www.iamsofit.com/)

26th Annual Walking for Amy - St. Jude Fundraiser

VIRTUAL EVENT

$20 for all participants (includes shirt if registered by May 30)

Shirt Size:(circle size) Youth XS S M L Adult S M L XL 2XL 3XL 4XL

$10 children (shirt not included)

T-shirt only: $10 ( must be ordered by May 30)

Shirt Size:( circle size) Youth XS S M L Adult S M L XL 2XL 3XL 4XL

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_Registration Fee

$\_\_\_\_\_\_T-Shirt Fee

$\_\_\_\_\_Additional Donation

$\_\_\_\_\_Total Donation

Make Checks Payable to: St. Jude

Complete entry form and send to : Dave Schwind

808 W. Randolph

Roanoke, IL 61561

Release and Waiver:

For in consideration of my participation in the Walking for Amy Event (Walk & Run), I hereby for myself, my heirs, administrators, and assigns, release and discharge the Village of Roanoke, Roanoke Park, St. Jude Children’s Research Hospital in Memphis, TN, St. Jude Runners Association, and St. Jude Midwest Affiliate in Peoria, IL and all involved workers, and organizers, sponsors and their respective servants, agents, employees, officials, and officers, from any and all claims, demands, liabilities, loss, damage, and causes of action of any sort, including attorney’s fees for injuries, sustained to my person and/or property incurred by reason of my participation or preparation for the above said event due to negligence or any fault. I certify that my participation in this event is free and voluntary. I have read and understand the foregoing Release and Waiver.

Participant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18) Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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