

October 14th SUPPORTING THE FOOD PANTRY AT OUR LADY OF GRACE MINISTRY OF CARE & SERVICE

Registration Form

Name:			
Address:			
Email:	Phone:		
Shirt Size Adult: XSSM	L XL	2X	3X
Shirt Size Child: XS SM_	LXL_		
Check one:			
○ Registration Fee: \$20			
○I'm not walking but wan	t a T-Shirt: \$20)	
○I'd love to make a donat	ion in the amo	unt of \$	<u> </u>
Paid by: Cash *Check#_	Online		Not paid
*Make checks payable to Our Lady of Grace Ch	urch. (Note "WalkATho	n 2023").	
Waiver I acknowledge that my participation in the Our Lady	of Grace Walk-A-Thon inv	olves a risk of	injury, including bodil

injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge The Diocese of Brooklyn and Our Lady of Grace and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in

connection with any aspect of the Walk-A-Thon.

Signature___