

2008 Diabetes Walkathon
For North Country Hospital
October 5, 2008

FOLLOW THE YELLOW BRICK ROAD and REGISTER TODAY.

One person per registration form please. You can either register here on-line or print out registration and mail to North Country Hospital's Development Office, 189 Prouty Drive, Newport, VT 05855

I am walking as:

- Individual Team Member
Name of Team _____
Team Captain _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail _____

T-Shirt Size S M L XL 2XL

Start your fundraising by making a personal donation. Enter the amount you would like to give: \$ _____

In Memory of _____ In Honor of _____

Method of Payment: Enclosed check made payable to North Country Hospital
Diabetes Education

Please charge to my VISA MasterCard

Account Number _____ Exp. Date _____

Billing Address _____

Signature _____

How did you hear about the 2008 Diabetes Walkathon for North Country Hospital?

- Newspaper article or ads
 Radio
 Poster
 E-Mail
 Word of mouth
 Other _____

- I am a diabetic I have a family member who is/was a diabetic
 I know someone with diabetes

Waiver of Liability

In consideration of being permitted to participate in the “2008 Diabetes Walkathon“, I, for my self, my heirs, personal representatives or assigns, do hereby release, waive, discharge North Country Health System, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents, or illnesses and property loss arising from, but not limited to, participation in the October 5, 2008 Walkathon.

_____ Signature of Participant	_____ Print Name of Participant	_____ Date	_____ Age (if Minor)
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_____ Signature of Parent/ Guardian	_____ Print Name of Parent/ Guardian	_____ Date
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