

TENTH ANNUAL 'WALK FOR SHEA'

THE TENTH ANNUAL "WALK FOR SHEA" MEGALE IS SCHEDULED TO BE HELD ON **SUNDAY, APRIL 29TH**, AT **9:00 AM** AT THE VIRGINIA RUN COMMUNITY CENTER. THIS ACTIVITY WILL GO ON REGARDLESS OF WEATHER, AND THE COMMUNITY IS BEING ASKED TO SUPPORT THIS WORTHWHILE EVENT BY WALKING THROUGHOUT THE VA RUN NEIGHBORHOOD ON A 5K MARCH. THIS IS A WONDERFUL EVENT THAT THE ENTIRE FAMILY CAN TAKE PART IN – JUST ONE HOUR OF YOUR TIME CAN MAKE A REAL DIFFERENCE IN FINDING A CURE FOR SHEA'S DISEASE. SPINAL MUSCULAR ATROPHY IS A RARE FORM OF MUSCULAR DYSTROPHY AND THERE IS NO CURE TO DATE. LET'S WORK TO FIND ONE!! I HOPE TO SEE THE OLD-TIMERS AGAIN AS WELL AS MANY NEW FACES TAKE PART IN THIS WORTHWHILE CAUSE. FOR MORE INFORMATION, PLEASE CONTACT **MO NIEVES** AT **KELLEX@AOL.COM** OR **WWW.WALKFORSHEA.COM**

"WALK FOR SHEA" REGISTRATION FORM

ADULTS \$6.00

CHILDREN/\$4.00 (UNDER 18)

CHILDREN UNDER 2 YEARS OLD FREE

WALK BEGINS AT 9:00 AM AT THE VA RUN COMMUNITY CENTER ON 4/29

ENCLOSE CHECK AND COMPLETED REGISTRATION FORM IN AN ENVELOPE MARKED "WALK FOR SHEA" AND RETURN/MAIL TO THE VIRGINIA RUN COMMUNITY CENTER BY WED. APRIL 25, 2007.

CHECKS SHOULD BE MADE PAYABLE TO THE SHEA MEGALE FUND CORPORATION

NAME:

LAST

First

M.I.

ADDRESS:

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

MALE/FEMALE

AGE

RELEASE: IN CONSIDERATION OF MY APPLICATION BEING ACCEPTED, I HEREBY, FOR MYSELF, MY HEIRS AND EXECUTORS, WAIVE, RELEASE AND FOREVER DISCHARGE ALL RIGHTS AND CLAIMS FOR DAMAGE THAT I HAVE OR MAY HEREAFTER ACCRUED AGAINST ALL THE ORGANIZER AND SPONSORS OF THE TENTH ANNUAL WALK FOR SHEA INCLUDING, BUT NOT LIMITED TO THOSE INVOLVED WITH THE WALK FOR SHEA, AND OTHER SPONSORS AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS WALK. FURTHER, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE MY NAME AND MY PHOTOGRAPH FROM THIS EVENT FOR ANY LEGITIMATE PURPOSE WITHOUT COMPENSATION OR REMUNERATION. THE RACE OFFICIALS OR THEIR QUALIFIED PERSONNEL HAVE THE RIGHT TO DISQUALIFY ME AND REMOVE ME FROM THE WALK IF IN THEIR SOLE OPINION THEY BELIEVE I SHOULD NOT CONTINUE.

X

DATE _____

SIGNATURE OF ATHLETE/SIGNATURE OF PARENT/GUARDIAN

(IF ATHLETE IS UNDER 18)

CHILDREN MUST BE ACCOMPANIED BY AN ADULT.