



2017 Walk for PKD Registration

Walk Location: _____ Registrant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Birth Date: _____

Username: _____ Password: _____

I'm walking as an individual

I'm walking as part of a team

Team Name: _____ Team Captain: _____

Type of Team: Corporate/Sponsor Friends & Family ARPKD Team PKD Researcher/Clinician

Raise \$100 and Receive a Walk for PKD T-Shirt! If earned, what size t-shirt would you like? _____

If you are registering another person from the same family/address, please fill out below:

Name: _____ T-Shirt Size _____ Birth Date: _____

Username: _____ Password: _____ Relationship to Registrant: _____

Waiver of responsibility:

I agree and will hold harmless the PKD Foundation, corporate sponsors, cooperating organizations and all parties connected with the Walk for PKD from any liability as a result of my participation. I will permit any emergency treatment in the event of injury or illness while participating in the event. I give permission to the PKD Foundation to use my name and photo taken of me during the event in any promotional material, publication, social media or on the website. The PKD Foundation withholds the right to dismiss anyone that may cause any disturbance. I certify that I have read this waiver and release and understand its intent.

SIGNATURE(S): _____ DATE: _____

Parent or guardian signature (for walkers under 18): _____

Registration is FREE! If you would like to jump-start your fundraising, please indicate donation below:

Name on Credit Card: _____

Credit Card # (circle: MC/VS/Amex/Disc) _____ Exp _____

Donation amount:\$ _____ Name of Walker to Credit: _____

Please mail this registration form to:
PKD Foundation ATTN: Walk for PKD, 1001 E. 101 Terrace, Suite 220 Kansas City, MO 64131
Questions? Call 1.800.PKD.CURE or Email walkforpkd@pkdcure.org