



## Walk for PKD Registration

**ONE FORM PER ADULT** – Guardian can list children below and sign waiver on their behalf.

Walk Location: \_\_\_\_\_ Registrant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Your email address is your username. Please provide a password: \_\_\_\_\_

I'm walking as an individual

I'm walking as part of a team

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ (Raise \$100 and you will receive a 2019 Walk for PKD t-shirt at the event.)

### List children under 18 years of age:

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Birth Date: \_\_\_\_\_

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### 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): \_\_\_\_\_

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### 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](mailto:walkforpkd@pkdcure.org)

\*\*Want to jumpstart your fundraising? Include a check and it will be added to your fundraising page.\*\*