

When we Walk, we walk Together!

SHEET NUMBER: _____

WALK
 RUN
 VOLUNTEER

TEAM # _____
 SUB TEAM # _____

TEAM NAME _____
 WALKER/ORGANIZER NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 PHONE () _____
 E-MAIL _____

EMPLOYER MATCHES GIFT YES NO EMPLOYER NAME _____

PLEASE INSTRUCT SPONSORS TO DONATE WITH CHECKS PAYABLE TO MAO. CREDIT CARD DONATIONS MUST BE COMPLETED ONLINE.
ALL COMMITMENTS MUST BE COLLECTED AND SUBMITTED BEFORE OR ON THE DAY OF THE WALK PRIOR TO THE OPENING CEREMONY.
 WALKER AND RUNNER SPONSORSHIPS ARE TAX-DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW.

T-SHIRT SIZES 3X _____ 2X _____ XL _____ L _____ M _____ S _____ (please add \$2 per t-shirt for shirt sizes over standard adult large)

| | |
|-------------------------------------|--|
| Walker, Runner & Volunteer (\$25+) | Tread Red/MAO Anniversary T-shirt Anniversary Bag |
| Walker, Runner & Volunteer (\$50+) | Tread Red/MAO Anniversary T-shirt Anniversary Bag Anniversary Tumbler |
| Walker, Runner & Volunteer (\$75+) | Tread Red/MAO Anniversary T-shirt Anniversary Bag Anniversary Tumbler Red Confetti Bracelet (Until There's A Cure) |
| Walker, Runner & Volunteer (\$100+) | Tread Red/MAO Anniversary T-shirt Anniversary Bag Anniversary Tumbler Red Confetti Bracelet (Until There's A Cure) Recognition on website and Facebook |

| | |
|--|---|
| WALK REGISTRATION FEES: | \$10 until July 3, 2017 |
| | \$15 July 4 through September 15, 2017 |
| | \$20 On-site registration |
| <i>Registration fees waived for minimum contributions noted above.</i> | |



Saturday, September 16, 2017
 Proceeds benefit Montgomery AIDS Outreach, Inc.,
 D.B.A. Medical Advocacy and Outreach (MAO),
 a 501 (c) 3 not-for-profit service organization.
maoi.org

MAO provides community prevention education, quality services and compassionate care to those infected and affected by life-threatening illnesses, particularly HIV/AIDS and Hepatitis C. Social services, medical treatment, medication assistance, pharmacist consultations, case management, counseling, food pantry assistance, language interpretation services, free HIV, STD and Hepatitis C testing, and prevention education programs are only part of MAO's commitment.

| NAME: (Example: Jane Doe) | MAILING ADDRESS: (Example: 1040 Tread Red Drive) | CITY: (Example: Montgomery) | STATE: (Example: AL) | ZIP: (Example: 36111) | E-MAIL ADDRESS: (Example: contact@maoi.org) | DONATION: (Example: \$50.00) |
|------------------------------|---|--------------------------------|-------------------------|--------------------------|--|---------------------------------|
| 1. | | | | | | \$ _____ |
| 2. | | | | | | \$ _____ |
| 3. | | | | | | \$ _____ |
| 4. | | | | | | \$ _____ |
| 5. | | | | | | \$ _____ |
| 6. | | | | | | \$ _____ |
| 7. | | | | | | \$ _____ |
| 8. | | | | | | \$ _____ |
| 9. | | | | | | \$ _____ |
| 10. | | | | | | \$ _____ |
| 11. | | | | | | \$ _____ |
| 12. | | | | | | \$ _____ |
| 13. | | | | | | \$ _____ |
| 14. | | | | | | \$ _____ |
| 15. | | | | | | \$ _____ |
| 16. | | | | | | \$ _____ |
| 17. | | | | | | \$ _____ |
| 18. | | | | | | \$ _____ |
| 19. | | | | | | \$ _____ |
| 20. | | | | | | \$ _____ |

| FOR OFFICE USE ONLY! | |
|------------------------------|-------|
| DO NOT WRITE IN THESE SPACES | |
| Total Donations | _____ |
| # of Sponsors | _____ |
| Initial | _____ |
| Date | _____ |

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED. PLEASE INDICATE SHEET NUMBER IN UPPER RIGHT HAND CORNER.

Call (334) 280-3349 to request additional forms as needed, OR download a form at maoi.org.

| | |
|-------------------------------|----------|
| SHEET TOTAL | \$ _____ |
| GRAND TOTAL ALL SHEETS | \$ _____ |

WAIVER: I/we know that running or walking in an event such as Tread Red is a potentially stressful and hazardous activity, and that I/we should not enter, walk or run unless medically able and properly trained. I/we assume all risks associated with running in this event. Having read this waiver and knowing these facts, and, in consideration of accepting my entry, I/we and anyone entitled to act on my/our behalf, waive and release Montgomery AIDS Outreach, Inc., D.B.A Medical Advocacy & Outreach (MAO), its Board of Directors, employees, volunteers and sponsors, their representatives, employees and successors from any claims and liabilities of any kind arising out of my/our participation in this event or carelessness of the persons named in the waiver. Further, I/we grant to all of the foregoing the right to use any photographs, videos, recordings or any other record of this event for legitimate purposes in print and digital media. I/we also understand that all supporting contacts will be added to MAO contact and mailing lists.

Walker/Runner and/or Team Organizer Signature _____ Date Returned _____