

When we Walk, we walk Together!

SHEET NUMBER: _____

WALK RUN

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

EMPLOYER MATCHES GIFT YES NO EMPLOYER NAME _____
(Individual participants and those who financially support their participation are encouraged to ask their employer if they have a donation matching gift program. Any necessary forms must be submitted to the Tread Red Coordinator along with instructions for their completion.)
 PLEASE INSTRUCT SUPPORTERS TO DONATE WITH CHECKS PAYABLE TO MAO. CREDIT CARD DONATIONS MUST BE COMPLETED ONLINE.

INTERESTED PARTIES MUST BE REGISTERED BY JULY 31 TO RECEIVE TREAD RED T-SHIRTS AND CARRY BAGS.
ALL FORMS AND COLLECTED FUNDS MUST BE TURNED IN PRIOR TO THE OPENING CEREMONY ON SEPT. 14.

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)*

NOTE: Anyone may walk or run in the event regardless of her/his commitment to raise additional funds outside of their registration fee; however, a signed copy of this form is required from ALL participants as acknowledgement of the release

TEAM NAME _____

Pre-registration (By 7/31/19) Challenge Participant - \$30 pp	Will receive 1 Tread Red Novelty T-shirt & 1 Tread Red Drawstring Bag
Late and Onsite Registration - \$30 pp	No novelty commitment; however, deductible percentage of fee increases.

If participating as a Team, Team Leader must:
 1) Pre-register as a Challenge Participant - \$30
 2) Stipulate a minimum team fundraising goal to the Coordinator, or create an online Team page using the Become a Fundraiser selection at bit.ly/maotreadred. (Team will be obligated for the collection and payment of their minimum fund-raising goal.)
 3) Replicate this form (or obtain copies from the Tread Red Coordinator) for use by her/his team members. Online entries are preferred.
 4) Gather and submit all copies of this form with payments to the Coordinator by July 31st if t-shirts and bags are desired.

TREAD RED 2019 CHALLENGE PRIZES

1st and 2nd Place Prizes will be awarded to Individual Challenge Participants who raise the most. 1 Honorable Mention Prize will be awarded to the Individual Challenge Participant who involves the most people in their fund-raising efforts.

1st and 2nd Place Awards will be presented to the Teams who raise the most. 1 Honorable Mention Award will be presented to the Team that represents the largest number of registered participants.



Saturday, September 14, 2019
 Proceeds benefit Montgomery AIDS Outreach, Inc.,
 D.B.A. Medical Advocacy and Outreach (MAO),
 a 501 (c) 3 not-for-profit service organization.

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, behavioral health supports including 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.

QUESTIONS? CONTACT DOUG MCCLLOUD AT (334) 481-1602, OR SEND E-MAILS TO DMCCLOUD@MAOI.ORG.

NAME: (Example: Jane Doe)	MAILING ADDRESS: (Example: 1040 Tread Red	CITY: (Example: Montgomery)	STATE: (Example:	ZIP: (Example: 36111)	E-MAIL ADDRESS: (Example: contact@maoi.org)	REG FEE OR DONATION:	(<input type="checkbox"/>) Walking/ Running?	FOR OFFICE USE ONLY! DO NOT WRITE IN THESE SPACES	
1.						\$ _____		Total Donations	
2.						\$ _____		# of Sponsors	
3.						\$ _____		Initial	
4.						\$ _____		Date	
5.						\$ _____			
6.						\$ _____			
7.						\$ _____			
8.						\$ _____			
9.						\$ _____			
10.						\$ _____			

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.

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

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED. PLEASE INDICATE SHEET NUMBER IN UPPER RIGHT HAND CORNER. Call (334) 481-1602 to request additional forms as needed, OR download a form at maoi.org.

Walker/Runner and/or Team Organizer Signature _____