iChoose
Pregnancy Support Services

Please circle if earning Patch/Badge: Awana, YMCA, Scouts, American Heritage Girls, GA/RAs, other _____

# **Walker Registration:** Steps for Life

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Church name: _____

Over 18? Yes No (please circle)

## Steps for Life Waiver

To participate in the Steps for Life, you must sign the following release in consideration of the acceptance of your entry: "I waive all claims for myself and my heirs against iChoose Pregnancy Support Services for any injury or illness which may result directly or indirectly from my participation. I further state that I am in good physical condition to participate in the walk. I also give iChoose permission to use my photographs in future event promotions".

Print Name Date

Signature (Parent must sign for persons under 18 years of age)

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919-585-4353 · director@iChoose.me · www.iChoosePartners.org