

6th Annual HEART FOR UGANDA Walk

Saturday, September 22, 2018 (Rain or Shine)

Registration starts at 9:00am

Walk starts at 10:00 am

Kahle's Kitchens in Leeper, PA

All Proceeds benefit Heart for Uganda

Entry Fee: \$20 Pre-registered (Postmarked by Sept. 5, 2018 to guarantee a T-shirt)

\$25 Walk day (T-shirts are on a first come, first serve basis- limited supply and sizes)

Family Special: Each child under 18 Registers for only \$5 with a participating parent. All entry forms must be sent together.

Parking/Registration: Kahle's Kitchens, 7488 Route 36, Leeper, PA 16233. Follow the signs to the factory parking lot. From there you will be directed to the registration pavilion.

Course: The course is a scenic trail which winds through the woods behind Kahle's Kitchens. Trails are wide and even with a few inclines. The walk is approximately 2 miles beginning and ending at the pavilion.

Last Name: _____ First Name: _____
Gender: M or F Age: _____
Street: _____ City: _____ State _____
Zip: _____ Phone: _____
Email Address: _____

T-shirt size: Youth Sizes XS(2-4) S(6-8) M(10-12) L(14-16)

Adult Sizes S M L XL XXL XXXL

I will participate in: Leeper Walk Virtual Walk Just Chillin for Uganda

Make checks payable to: **Heart for Uganda** Total Amount Enclosed: _____

All entrants must complete a form and sign this release to participate. In consideration for accepting this entry and granting the right to participate in this event, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and any claims for losses and damages I may have against the sponsors, coordinating groups, and individuals associated with the event, their representatives, successors and assigns, and will hold them harmless for any and all injuries suffered in connection with the said event. I represent and affirm that I am in proper physical condition to participate in this event, I give my permission for the free use of my name and picture in any broadcast, telecast or print media account of the event. I also hereby consent to permit emergency treatment in the event of injury or illness. The undersigned has read and voluntarily signed this release waiver.

Signature _____

Date _____

(Parent/Guardian must sign if participant is under 18 years of age)

Contact: Lori Sandrock 814-229-0273 hfuoutreach@gmail.com

Mail registration to: Heart For Uganda Walk
C/o Lori Sandrock
11837 Route 36
Tionesta, PA 16353

Or **Register online with PayPal**
www.heartforuganda.org