

SafeSpace

2019 Walk A Mile In Her Shoes[®]

Registration Form

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Please provide email address for walk information

Individual Participant? Yes No If no, Team Name: _____

Awards presented to highest individual fund-raiser and team with the most pre-registered walkers

Male *Shoe Size: _____ T-Shirt Size S M L XL 2XL 3XL

Shoe half sizes will be rounded to next largest size. Sizes 8-15 available

***Red Stilettos will be provided to all men who register on or before 1/21/19**

Red shoe covers are also available for those who can't wear heels.

Women are welcome to walk in support, wearing their own shoes.

Adults—Minimum \$50.00 contribution per walker. **Early Registration \$35 by 1/7/19.**

Student— Minimum \$10.00 contribution. **No shoes provided**

I will pay by check. Please make checks payable to **SafeSpace** and mail with this registration form to
SafeSpace, 612 SE Dixie Hwy, Stuart, FL 34994

I will pay by credit card. Please charge my Master Card Visa Discover American Express

Acct. #: _____ Expiration: _____

Signature: _____

I will pay online via SafeSpace website at: www.safespacefl.org/events

Registration forms may be emailed to jfarnan-dyer@safespacefl.org

For more information, call 772-223-2399

visit www.safespacefl.org/events

or on facebook <https://www.facebook.com/safespacefl>

In consideration of my entry in the Walk A Mile in Her Shoes[®] march, the International Men's March to Stop Rape, Sexual Assault and Violence: I, for myself, my heirs, my executors and administrators, waive and release any and all rights and cares for damages I have or may hereafter have against the organizers of this event, SafeSpace Inc. and its principals, its employees, all sponsors, and their representatives and all claims of damages, demands, actions, whatsoever in a manner as a result of my participation in the Walk a Mile in Her Shoes[®] event, including travel to and from the event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and I have not been advised otherwise by a qualified media person. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation.

(STUDENTS MUST have Parent or Guardian Signature)

Participant Signature or Parent / Guardian Signature

Date

Persons requiring accommodations under ADA may contact 772-223-2399 five days prior to event.

SafeSpace
Saving and Changing Lives

