

September 11, 2010

*DeKalb Walks*



**REGISTRATION FORM**

Please Print \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL \_\_\_\_\_

Pre-Registered

Registered On Site

By entering this event, participant agrees to hold harmless DeKalb County Government, its agents, volunteers or employees from any and all liabilities, claims, demands, or injury, including death that may be sustained by participating in this activity or while on the premises owned or leased by the aforementioned parties. By completing this form, it is acknowledged that physical activity is involved and there is no known medical reason why the above named individual may not participate.

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