



2017 RICHMOND REGISTRATION FORM

YES! I want to join the Wellness Movement

"Beauty-n-Motion" Walk 4 Wellness

SUNDAY, NOVEMBER 12TH, 2017

9am Registration / 10am Opening Ceremony / 10:30am Walk



TOWNE CENTER

11500 Midlothian Turnpike / Richmond, VA 23235

If Applies:

Team Name:

CONTACT INFORMATION

AGE: _____ Female Male

First: _____ MI: _____ Last: _____

E-mail: _____ Date of Birth: __/__/____ Female Male

Address: _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Registration is Free or Make a donation for a special gift:

FREE REGISTRATION ONLY

MAKE A DONATION & Receive / \$20 Official T-shirt / \$35 Official T-shirt & Gift Bag / Other \$ _____

T-shirt size: Youth: S (6-8) M (10-12) Adult: S M L XL XXL XXXL

PAYMENTS Make Check payable to: Black BeautyShop, Mail to : PO Box #305 * Mechanicsville, VA 23111

Total Amount \$ _____ Cash Check # _____ Credit/Debit Card

Visa/MC/AE/Discover # _____ Exp. Date ____/____ Verification Code _____

Cardholder Name

Cardholder Signature

Waiver

PHOTOGRAPHIC AND RECORDS RELEASE AND WAIVER AND RELEASE OF CLAIMS ("THE RELEASE"): Waiver By indicating "I Agree", I acknowledge my understanding that physically participating in the Black Beautyshop Health Foundation United Charitable Programs "BeautyNMotion Run/Walk For Women" involves a strenuous activity which I am physically capable of undertaking, and I represent that I have received no restrictions on such activity from any physician. I further understand that my physical participation in the Black BeautyShop Health Foundation/United Charitable "BeautyNMotion Walk For Women" involves inherent risks of personal injury and loss of property. I hereby waive my right to assert any claim that I may have, now or in the future, against Black BeautyShop Health Foundation, United Charitable Programs, Wade & Associates Group, all event sponsors and volunteers, the City of Richmond, VA. The Chesterfield Town Center, and any individuals having any connection to the event, for injuries, accidents, property losses or hazardous health conditions I might suffer as a result of my participation in this event. I grant full permission for event organizers to use in promotional materials presented in any medium, my name, likeness, image, voice, photographs, videotapes or quotations. This permission is perpetual and worldwide. I understand that my Registration Fee is non-refundable and is not tax-deductible. The Registration Fee helps to cover costs associated with registration materials and registration processing.

PARTICIPANT NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____ DATE _____

(PARENT OR LEGAL GUARDIAN'S SIGNATURE IF UNDER 18) DATE _____

Participant's Name/Date

Participant's Signature or (Parent/Guardian if under 18)

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