

Arundel Mills Milers Registration Card

Name: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email: _____

Next of Kin/Whom to Contact in Case of Emergency

Name: _____ Phone: _____

I hereby, for myself, my heirs, my executor and administration waive any and all rights and claims for damage I may have against UM Baltimore Washington Medical Center and Arundel Mills, who are the sponsors of this event, for any and all injury suffered by me during my participation. I hereby acknowledge reading and understanding this clause and attest and verify that I am physically fit and capable of participating in this event.

Signed: _____ Date: _____



This walking program is co-sponsored by UM Baltimore Washington Medical Center and Arundel Mills.