

Registration fee: $15.00, please register by April 28th 2016. Proceeds benefit Open Hands Sharing God’s Love –A non-profit organization (Shirt not guaranteed with late or day of registration. No refunds.)

Registration/Check-in: 7:30 a.m. Cochon de Lait Center

 1832 Leglise St. Mansura

Walk Start Date/Time: May 7th at 8:00 a.m.

Awards: Everyone is a Winner!

For more information, contact Melissa Bordelon at 318-359-2689

 or visit our web site at openhandsla.org

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Make Checks payable to: Open Hands Sharing God’s Love

Mail completed form to: P.O. Box 112 Moreauville, La. 71355

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All ages are welcome to join in the**

***Walk of Remembrance for Angie Guillot Roberts*.**

**Please circle size:**

**T-shirt size:** S M L XL XXL **Youth Size:** S M L XL

**Waiver**: I agree to abide by the rules of this competition as stated above, and I understand that decisions of the event officials are final. I know that running/walking a race is a potentially hazardous activity. I should not enter a race or run unless I am medically able and properly trained. I assume all risks associated with running/walking this event including but not limited to falls, contact with other participants, the effects of weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this, I am entitled to act on behalf of, waive The Cochon de Lait Center, Open Hands Sharing God’s Love, the City of Mansura and the associated volunteers of these agencies from all claims or liabilities of any injury arising out of my participation in this event. I grant permission to all the foregoing of any photographs, motion pictures, recordings, or any photographic record of this event for any legitimate purpose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant or parent/guardian if under 18 years Date