



Walk a Mile in Her Shoes[®]

**THE INTERNATIONAL MEN'S MARCH
TO STOP RAPE, SEXUAL ASSAULT & GENDER VIOLENCE**

These Men Walk the Walk. Will You?

Registration:

Name: _____ Age: _____ Shoe Size _____

Address: _____

Email: _____ Phone: _____

Department (If Any): _____

Disclaimer/Waiver:

In consideration of my entry in the Walk a Mile in Her Shoes: The International Men's March to Stop Rape, Sexual Assault, and Gender Violence, I, for myself, my heirs, my executors and administrations, waive and release any and all rights and cares of damages I have or may hereafter have against the organizations of this event, its principals, its employees, all sponsors and their representatives, and all claims of damages, demands, actions whatsoever in any manner as a result of my participation of walk a mile. This includes travel to and from the event. I attest to 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 medical 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.

Print: _____

Date: _____

Signature: _____

Date: _____