



DEBORAH[®] Hospital Foundation

WALK-A-THON



*Together, one
step at a time,
we will make
a difference!*

**Join Us for Our 2nd Annual Walk
2.5 miles at Historic Smithville Park
Eastampton, New Jersey**

Saturday, September 22, 2012

Registration/Walk Schedules:

9:00am • 9:30am • 10:00am • 10:30am

Registration Fees:

\$20/Individual • \$15 each/Team of four or more

*All participants pre-registered by
September 13th will receive a
complimentary event T-Shirt*

***For advance registration visit our website at www.deborahfoundation.org
or for additional Information Contact: Doreen Liller: (609) 893-3372 ext. 8001
(800) 223-0135 • e-mail: dliller@deborahfoundation.org***

Proceeds benefit DEBORAH[®] Heart and Lung Center



 **DEBORAH** Hospital Foundation

**WALK-A-THON
INSTRUCTION SHEET**
Historic Smithville Park
803 Smithville Rd., Eastampton, NJ

Saturday, September 22, 2012
(Rain or Shine)

Dear Deborah Walk-a-thon Participant:

Congratulations on your decision to participate in Deborah Hospital Foundation's Walk-a-thon. This year Deborah is celebrating its 90th Anniversary. Since it's founding in 1922, Deborah has remained an innovative hospital while never veering from its mission of compassionate care, reaching out to tens of thousands of patients who've needed us over the decades. Your participation in this walk will help us to continue our lifesaving work.

In order to be eligible to participate, we are asking for a \$20 donation from each individual. A team of four or more can register for \$15 each. Children under (13) MUST walk with an adult.

You can pre-register for the walk-a-thon on the enclosed form or register the day of the event. To pre-register please complete the pre-registration form and the Athletic Event Waiver on the reverse side and mail along with your payment to the address indicated on the pre-registration form. If you register the *day of the event*, the fee will be \$25 for an individual or \$20 each for a team (four or more). Every walker will receive a goodie bag. T-Shirts will be distributed to each participant who *pre-registers* by September 13th.

Included in this packet is a pledge sheet. Ask as many people as possible to sponsor you. Suggest a minimum donation of \$5.00 each, but any amount is welcome. Please bring your pledge sheet with you the day of the event with money collected from your sponsors.

Registration/Walk will start in four (4) half an hour intervals starting at 9:00 am. Please indicate your desired registration/walk time on the registration form. Registration will take place at the Eastampton Fire House, which is located adjacent to the Historic Smithville Park. The walk will start immediately after you have registered. At the conclusion of the walk we invite you to join us for hot dogs and refreshments.

Please be sure to tell your family and friends about this event! Once again, thank you for helping support Deborah Hospital Foundation.

IMPORTANT INFORMATION:

TO ACCESS PARKING AT HISTORIC SMITHVILLE PARK – Our walkers will begin the walk on Smithville Road heading toward Rt. #38 therefore, we are redirecting traffic. Please access Smithville Road from Rt. #630 Woodlane Rd. in Eastampton.

RESTRICTIONS: Although this is a pet friendly park, we ask that you please do not bring your dog(s) to the walk. **THANK YOU!!!**

For additional information contact Doreen Liller at (609) 893-3372 ext. #8001 or e-mail dliller@deborahfoundation.org



**WALK-A-THON
PRE-REGISTRATION FORM**
Historic Smithville Park
803 Smithville Rd., Eastampton, NJ

**Saturday, September 22, 2012
(Rain or Shine)**



Registration Fees: (Payment is due with registration form)

Individual - \$20 ea. Team (four or more) - \$15 ea.

**I am unable to participate in the walk
but I would like to donate \$_____**

The event day registration fee is \$25 per individual and \$20 each team member

**Select your desired registration/walk time. You will begin your walk immediately after you
have registered.**

9:00 am **9:30 am** **10:00 am** **10:30 am**



Please Print

Walker's Name _____

Team Members – A Registration form needs to be completed by each member.

Team Name Steps for Steve _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____

E-Mail Address _____

Chapter _____ Solicited by _____

**T-Shirts will be distributed to each participant, please indicate your size:
(In order to receive a T-Shirt you MUST pre-register by September 13th)**

(NOTE – Sizes run small) Shirt Size: S M L XL XXL

Make check payable to Deborah Hospital Foundation

Check(s) enclosed \$ _____ Credit Card: Visa Master Card Discover AMEX
Account No. _____ Exp. Date _____
Name on Credit Card _____

**Mail to: Deborah Hospital Foundation
 P.O. Box 820, Browns Mills, New Jersey 08015
 Attention: Doreen Liller**

**PLEASE SIGN THE
WAIVER ON THE REVERSE SIDE**

For additional information contact Doreen Liller at (609) 893-3372 Ext. #8001 or e-mail
dliller@deborahfoundation.org

**DEBORAH HOSPITAL FOUNDATION
ATHLETIC EVENT WAIVER**

I know that a walk a thon is an exerting and potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I also know that there will be traffic on the course route. I assume the risk of walking in traffic. I also assume all other risks associated with the event including, but not limited to, falls, contact, with other participants or spectators, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me.

Knowing these facts, and in consideration of your accepting my application and entry fee, if any, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, discharge and hold harmless Deborah Hospital Foundation and Burlington County Board of Chosen Freeholders, any affiliated corporations, or officers, directors, trustees, executive board members, employees, agents, volunteer(s) and/or any insurer of the foregoing, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event.

This RELEASE and WAIVER extends to all claims of every kind or nature whatsoever, to use any photographs, videotape, motion pictures, recording, or any other record of this event for any purpose.

Applications for minors will be accepted only with a parent's signature.

Signature of Athlete

Date

Signature of Parent (If under 18 years of age)

Date

Sponsoring Chapter

Date



WALK-A-THON
PLEDGE SHEET
 Historic Smithville Park
 803 Smithville Rd., Eastampton, NJ
 Saturday, September 22, 2012

Please Print

Walker's Name _____

Team Name: Steps for Steve

Telephone # _____ Cell Phone # _____

E-Mail Address _____ Chapter _____

Thank you for your help in supporting Deborah Heart and Lung Center

Sponsor's Name	Donation	Sponsor's Signature
TOTAL:	\$	* Additional columns on reverse side

