I am STRUTTING to improve the quality of life of our Lowcountry children!

DONOR	ADDRESS*	PHONE*	AMOUNT DONATED

Name: _____

Address: _____

Phone: _____

PFC Card #: _____

E-mail: _____

Company, Organization, or Group: _____

Liability Waiver: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release Carolina Children's Charity, the City of Charleston, and any and all sponsors and officials of the Carolina Children's Charity Strut for Kids event from any and all liability arising from illness, injury, or death I may suffer as a result of participation in this event. I attest that I am physically fit and have sufficiently trained for this event and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed and treated by the physician in attendance of their direction. I give permission for free use of my name and picture in any broadcast, telecast, or written account of these events. I also understand that the entry fee is NONREFUNDABLE FOR ANY REASON. Pets, cycles, and headphones are not allowed on the course for insurance reasons.

Signature: _____

Parent/Guardian must sign if under 18 years old

Contributions must total $15 minimum.

Use as many forms as you need or attach a plain piece of paper