

**YES! I Want to Join  
the Alagille Syndrome Alliance  
2008 AGS Virtual Walk for a Better Life!**



**Yes, I want to register as a Virtual Walker!**

**My Name** \_\_\_\_\_

**My Team Name** \_\_\_\_\_  
*(Donations made online through [www.alagille.org](http://www.alagille.org) will be tracked and credited to the team noted!)*

**My Team Leader** \_\_\_\_\_  
*(If you are not the Team Leader, write his or her name here)*

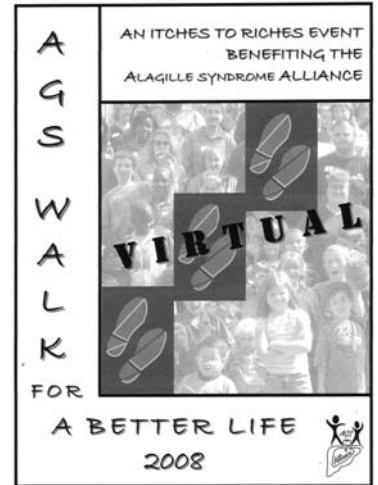
**My Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Country** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**T-Shirt size** Adult  S  M  L  XL



**Registration fee: \$25 per Adult (18 + older)** – If you want a Virtual Walk Packet or a chance at the prizes, you have to pay the Registration Fee!  
*(This covers the cost of the Virtual Walk T-shirt, a permanent marker for gathering donor signatures on your shirt, fundraising ideas and tips, a sample letter to donors, a sample donor receipt, and a return envelope.)*

**Please complete this Registration Form and mail it with a \$25 check (payable to: “Alagille Syndrome Alliance”) to the address at the bottom of this page. You also may pay the Registration Fee online at [www.alagille.org](http://www.alagille.org), but still must fill out and return this Registration Form to the Alagille Syndrome Alliance to receive your Virtual Walk Packet.**

*Waiver and release: In consideration of accepting my entry and allowing me to participate in the Alagille Syndrome Alliance 2008 Virtual Walk for a Better Life, I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event, and I hereby release and hold harmless and hold covenant not to file suit against the Alagille Syndrome Alliance and any affiliated individuals, any walk sponsors or their agents and employees and all other persons or entities associated with this event (“the releasees”) from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, negligence of the releasees or otherwise. If I do not follow the rules of this event I may be removed. I give my full permission for the Alagille Syndrome Alliance to use photographs of me and quotations of me in advertising, marketing and promotional materials for this event.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Signature of Parent or Guardian if participant is less than 18 years of age on date this Waiver & Release is signed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Mail to: Alagille Syndrome Alliance  
10500 S.W. Starr Drive  
Tualatin, OR 97062**

