MAIL COMPLETED FORM
AND PAYMENT TO:
Mammograms in Action
873 Production Place
Newport Beach, CA 92663
USA

REGISTRATION FORM

(ALL SECTIONS REQUIRED)

I WANT TO JOIN THIS AFFILIATES FUNDRAISER AMAZING GRACE:

FIRST NAME: _____ LAST: _____ PHONE: _____

EMAIL: _____

ADDRESS 1: (NO P.O.BOXES) _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

MAKE A DONATION

❑ CHECK: MAKE PAYABLE TO MAMMOGRAMS IN ACTION ❑ CREDIT CARD: (PLEASE CIRCLE) VISA / MC / AMEX / DISCOVER

DONATION AMOUNT: _____ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

16 DIGIT CARD NUMBER EXP.DATE CVV

The American Express security code is a 4-digit number printed on the front of your card. The VISA, MC and DISC security code is a 3-digit number printed on the back of your card.

GENDER: ❑ WOMEN'S ❑ MEN'S T-SHIRT SIZE: XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL ❑ XXXL ❑

Event t-shirts go out on a first come, first served basis. We have a limited amount and once we run out, there will not be anymore available. So act FAST and get register today!

WAIVER: PLEASE READ CAREFULLY AND SIGN BELOW.

PRINT YOUR NAME: _____

GENERAL:

By registering with Amazing "Grace" (Mammograms in Action), I agree that I have read, understand and will adhere to all program guidelines. I understand that all funds collected by me through the Amazing "Grace" program to benefit Mammograms in Action, whether through the website or through off-line donation, must be donated to the Mammograms in Action.

I release, waive, forever discharge and promise not to sue Mammograms in Action and its officers, directors, agents, employees and all others acting on their behalf, from all claims, demands, suits, actions and cause of action relating to any loss which I or my beneficiaries may sustain in any way connected with the use of the Mammograms in Action website, including but not limited to, the transfer of funds using the website.

I understand that the athletic event in which I propose to participate is strenuous and that injury or death could result from participation. I have assumed the risk of participating in the event. I understand that Mammograms in Action has not organized and does not control the conduct of the event and is not responsible for my safety during the event.

I release, waive, forever discharge and promise not to sue Mammograms in Action and its officers, directors, agents, employees and all others acting on their behalf, from all claims, demands, suits, actions and cause of action relating to any loss, personal injury or even death which I may experience as a result of participating in the athletic event for which I have registered.

SIGNATURE: _____ DATE: _____