

**9<sup>th</sup> Annual NKFK Kidney Walk  
Registration Form**

**Saturday, September 19, 2009**  
Waterfront Park, Festival Plaza  
Louisville, KY  
Check-In: 8:30 am  
Walk Start: 10:00 am

Please complete all fields:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Participation:       Team Captain       Team Member       Individual Walker

\* If part of a team, what is your team name? \_\_\_\_\_

In the consideration of the acceptance of my entry for the Kidney Walk, I, myself, my heirs, executors and administrators, waive and release all claims against the National Kidney Foundation of Kentucky, all contractors, promoters, supporters, and volunteers, for all claims of damage, injuries, demands, actions in any manner as a result of my participation in the Kidney Walk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or mail the completed form to:**

*National Kidney Foundation of Kentucky  
250 East Liberty Street, Suite 710  
Louisville, KY 40202  
P: 502.585.5433      F: 502.585.1445*