



“HSC’S TURKEY TROT”

Walk/Run for Hemophilia and Bleeding Disorders

November 4, 2017 10:00am

Saluda Shoals Park

6071 St. Andrews Rd., Columbia SC 29212

Also benefiting Harvest Hope Food Bank of Columbia with your donation of a non-perishable food item

9:00 am Registration check in

\$25.00 registration fee

\$10.00 registration fee: ages 3-17 years with a paid adult (2 and under walk free) All walkers must register. T-shirts available to purchase for tots at the walk site- (Youth-XS, while they last).

Registration fee includes T-shirts, walk bag, refreshments!

You must pre-register by October 27th for shirt size guarantee

Information contact: Sue Martin- Hemophilia of South Carolina at (864)350-9941 or e-mail us at info@hemophiliasc.org

Additional walk information and online registrations can be found on our walk page on our website at www.hemophiliasc.org.

Hemophilia of South Carolina (HSC) is a 501(c)3 non-profit organization which serves the state of South Carolina and is a Chapter of the National Hemophilia Foundation. Its mission is to promote awareness of bleeding disorders to the general public, provide education and support to persons with bleeding disorders and their families, and to support the ongoing research of the National Hemophilia Foundation.

- ❖ *Persons with bleeding disorders have clotting factors that are missing, low or do not work as they should. The lack of a specific clotting factor prevents the blood from clotting normally. Certain bleeding episode scan be life threatening. Currently there is no cure. Your participation helps fund education, research, advocacy initiatives and programs and services to improve the lives of those affected. **Thank you!***

(Detach below this line)

REGISTRATION FORM

Make checks payable to: Hemophilia of South Carolina **Mail to: Hemophilia of South Carolina, Attn: “Turkey Trot Walk 2017” Address: 439 Congaree Rd, Suite/Box #5 Greenville, SC 29607**

Name _____

Age _____ (under 18) Male/Female T-Shirt Size Adults: S M L XL XXL
Youth: S M L

Individual ____ Team Member ____ Team Name: _____

In consideration of my application being accepted, I accept any risk of participation in the walk and agree to hereby indemnify, hold harmless and release from all liability anyone involved in the Hemophilia of SC fundraiser and all sponsors, all officers, directors, and their respective employees, agents, and any other individuals who are in any way associated with the event, including all volunteers, and those assisting with the walk site. I attest and verify that I am physically fit to participate in this event.

Signature _____ (Guardian if under 18 years of age)