



Rollin' and Strollin' Registration form:

(Please fill out one form for each person that will be involved)

Last Name: _____

First Name: _____

Address: _____

City, Zip: _____

Phone #: _____

Email: _____

Check one: I will provide my own transportation to and from the Old Plank Trail
 I will use transportation provided by RMC

Consent & Liability Waiver:

I hereby absolve and hold harmless Ripon Medical Center from any liability for any injuries incurred by me while participating in the Ripon Medical Center “Rollin & Strollin” Event. I further provide that this consent and waiver applies to my heirs, executors, or assignees. I understand that participation in this program is completely voluntary. I understand that I should consult with my personal physician before I begin or continue any diet or exercise program. I also understand it is recommended that I have a physician’s consent and/or have my physician identify any limitations for my participation in this event.

Participant Signature Date

Photo and Information Release Form

I give my permission to Ripon Medical Center (RMC) and the Foundation for Ripon Medical Center (FRMC) to use my photographic image and/or comments for public interest purposes, such as, but not limited to; news releases, brochures, news stories, the RMC and FRMC website and in other similar contexts to promote RMC, FRMC and the programs we support.

***This authorization will remain in effect unless I contact the Marketing Coordinator of Ripon Medical Center. I understand that this withdrawal will not affect information already used or disclosed pursuant to this authorization.**

Participant Signature Date