



Yes, I am walking in the AIDS Walk Napa Valley 08 sponsored by the Napa Valley Unity League to raise money for the Care Network at the Queen of the Valley Hospital. I am part of the diverse walks of life seeking a cure this year at the Lincoln Theater October 11th, 2008.

My Name is: _____

Home Address: _____

Email Address: _____

Phone Number: _____

Team Name if on a Team (Be Sure to include for Team Credit):

| | Fill in Sponsors Name. email address, mailing address and phone number if possible | Donation Amount Paid | Cash or Check |
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AIDS WALK Napa Valley Waiver: In consideration of my entry to AIDS Walk Napa Valley 08. I for myself, heirs, executors, administrators or other representatives waive and release any and all rights to and from all damages, demands, actions, whosoever in any manner due to my participation in Aids Walk Napa Valley. I certify I am physically fit to walk and have sufficiently trained for completion of this event and I have not been advised by a medical person of being not fit to participate. I waive all rights to any damages to me from participation or injury. I do provide permission for my likeness to appear in any advertising materials, print media, video or other materials related to this event and the fundraising related to the Care Network via this AIDS Walk.

Signed: _____ Date: _____

All donations are tax Deductible via the Care Network: **(Tax ID # 94-1243669)**
For further questions contact Scott Butler, Chris Edwards or Dan Roman- Event Chairs at 707.738.4040 or cedwards@winetasting.com
Event Host North Bay Unity League,
Event Lead Supporters- Lincoln Theater, Veterans Home of Yountville, WTN
Services/Ambrosiawine.com, KVON, KVYN Radio, Fuller & Sanders Communications Inc.