

12th Annual



Women, Men & Children's March to Stop Rape, Sexual Assault & Gender Violence.

When: Friday, April 12, 2019

Registration Opens at 5:00PM

Opening Ceremony Commences at 5:45PM

Where: Madera Court House Park

Registration free: (includes shirt & meal)

Awesome prizes, music, and much more!

Just register, collect donations, and literally walk the walk! For more information contact:

Jennifer Coronado @ 661.1000 or jcoronado@maderacap.org

Register online @ maderacap.org/2019-walk-a-mile-event/



Find us on Facebook @
Capmc Victim Services



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Registration

Step 1: Register

I am registering as an individual : _____

I am registering as a team: _____ Team Name: _____

Name: _____ Phone Number: _____

Address: _____

City: _____ State _____ Zip Code: _____

Email Address: _____



Step 2: Shirt

Select Size (adult sizes):

*Limited number of each size—please register by
March 29, 2019*

Step 3: Walk a Mile Waiver

In consideration of my entry in the VSC Walk a Mile in Her Shoes Men's March Against Sexual Assault, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages or injury I have or may incur against the organizers of this event, its principals, its employees all sponsors and their representatives and all claims of damages, demands, actions whatsoever in this manner, as a result of my participation in the Men's March Against Sexual Assault event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and have not been advised otherwise by any qualified medical personnel. Further, I hereby grant permission to any and all foregoing to use my name and likeness in any broadcast, telecast, video, or print media of the event with out compensation.

Signature: _____ Date: _____

All participants must sign (parents/guardian if under 18)

Step 4: Submit

Completed forms to: CAPMC (Victim Services Center)
812 W Yosemite Ave, STE 101
Madera, CA 93637

Fax: (559) 661-8389 • jcoronado@maderacap.org • office: (559) 661-1000

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Donation Form

Name: _____ Phone Number: (____) _____

I am registered as an individual : _____

I am registered as a team: _____ Team Name: _____

All donations raised will go to support Victim Services Programs
and assists sexual assault victims and their families.

Please make check payable to: CAPMC (Victim Services Center)
812 W. Yosemite Ave, STE 101
Madera, CA 93637

Sponsor Name	Address	Phone	Amount	Paid
*****Total*****				
****For staff use****				