



# STRIDES of HOPE <sup>20</sup>/<sub>25</sub>

"These commandments that I give you... Impress them on your children. Talk about them when you sit at home and when you walk along the road..."

DEUTERONOMY 6:6-7

A *hope* CENTER

**SATURDAY, AUGUST 9, 2025**

**6 PM - 8 PM**

**INDIAN TRAILS PARK**

**10313 Aboite Center Rd, Fort Wayne, IN 46804**

## 2025 STRIDES OF HOPE WALKER REGISTRATION

My Goal \$ \_\_\_\_\_

Total Pledged \$ \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Teams of 5 or more sponsored walkers are eligible for team prizes

Team Leader Name \_\_\_\_\_ Age \_\_\_\_\_

NAMES & AGES of youth walking with you: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Church \_\_\_\_\_

### Waiver Statement (must be signed):

In consideration of the acceptance of my entry to participate in Strides of Hope events, I for myself, my executors, administrators, and assignees, do hereby release and discharge, hold harmless, and agree to indemnify the City of Fort Wayne, A Hope Center, and other sponsors for all actions, litigation, claims, damages, losses, liabilities, cost, expenses, or penalties (including, without limitation, attorneys' fees) whatsoever in any manner arising out of or related to my participation in the Strides of Hope Walkathon, whether due to my acts or omissions or those of another person. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I agree that A Hope Center may use my appearance at this event for its promotional materials including, without limitation, its website, posters, newsletters, or any other form of communication including, without limitation, digital, video, print, or any other form of media, an unlimited number of times in perpetuity.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if walker is under 18 years \_\_\_\_\_ Date \_\_\_\_\_

- ☐ I cannot participate, but would like to support A Hope Center by donating: \$\_\_\_\_\_.
- ☐ I cannot walk the day of the event, but will gather sponsors and walk on a different date.
- ☐ I cannot participate, but would like to sponsor \_\_\_\_\_ (walker) for \$\_\_\_\_\_.

For the above circumstances, please mail to: **A Hope Center**  
**3630 Hobson Road, Fort Wayne, IN 46815**

To further support and/or volunteer for A Hope Center, visit [ahcfriends.org](http://ahcfriends.org)

Please complete this form (see back also) and return to A Hope Center by mail, or email to [cathywilson@ahcfriends.org](mailto:cathywilson@ahcfriends.org).

All pledges must be entered online or with AHC by 8/8/25 at 5 pm.

For any questions, please call Cathy Wilson at 260-800-6512.



Scan to register online

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Check \$ \_\_\_\_\_ Check No. \_\_\_\_\_  
Cash \$ \_\_\_\_\_ Pledge \_\_\_\_\_

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