



PLEASE TURN IN COMPLETED FORM ON THE DAY OF THE WALK

**Walk for Women Breast Cancer Awareness Walk
October 9, 2016**

Registration and Waiver of Liability

Participant Name: _____ **Parent-Guardian Name:** _____
(if participant is a minor)

Participant/Parent-Guardian Email: _____

Phone: _____

In consideration for the right to participate in the "Walk for Women", I assume and accept full responsibility for any and all injuries or accidents which may occur to me and/or my minor child and/or any person for whom I am the legal guardian, during my participation in this walk or on any property, premises, roads, buildings and all other improvements upon which the "Walk for Women" is conducted. Further, I hereby forever RELEASE, HOLD HARMLESS, and DISCHARGE Walk for Women; and all officers, directors, sponsors and entities associated with this event from ANY and ALL claims or liability for any injury or damage whether it be caused by the NEGLIGENCE OR GROSS NEGLIGENCE of Walk for Women, a non-profit corporation; and all officers, directors, agents or employees of said entities; and all other entities associated with the Walk for Women.

Participant/Parent or Guardian (if participant is a minor)- SIGNATURE REQUIRED

Date

When and where is the Walk?	<p>When: SUNDAY, OCTOBER 9 at 10:00 am. Where: SPI Convention Centre to Louie's Backyard (approx. 3 miles) Same Day Registration: Sunday, October 9, 8:30 am to 9:45 am., SPI Convention Centre Transportation to/from Convention Centre not provided</p>
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