

3rd Annual

REGISTRATION RELEASE FORM

# WALK THE ROCK

SUNDAY, OCTOBER 4<sup>TH</sup>, 2009 10:00 AM  
DORCHESTER, MA

**Please complete a separate form for each participant and drop it off at the Registration Desk with your Registration Fee before the start of the Walk.**

## General Information

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Registration:** Registration is a \$20 minimum in sponsorship per walker. T-shirts given to the first 200 participants to check-in the day of the walk. All donations are tax deductible.

**Beneficiary:** All registration fees and monies raised through sponsorships will serve as direct donations to The Oral Cancer Foundation

**Awards:** Prizes to the top three walkers or team leaders who raise the most money

## **Release and Waiver**

1. By participating, all participants agree that their names and any footage or photographs taken during their participation in the Walk the Rock may be used for general publicity including any media distribution.
2. All participants enter this event entirely at their own risk. In consideration of my participation in the Walk the Rock event of October 4, 2009, I do hereby for myself, heirs, executors and assigns, forever release and forever discharge the organizers of the Walk the Rock event of October 4, 2009, as well as any other sponsor or association connected with this event, their representatives, successors and assigns from all claims arising out of any and all personal injuries, damages, expenses, and any loss or damage whatsoever resulting or which may result from my participation in said event, including traveling to and from said event. In addition, I hereby acknowledge that I recognize the risks involved in my participation in said event, and I do hereby state that I assume all risks inherent in the same.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR ORAL CANCER AWARENESS