



**2008 Walk Across Southeastern CT
October 4, 2008
Waiver/Release**

I understand that all donations and registration fees are non-refundable. As a Marathon Walker: I agree to raise at least \$500 in contributions. As a Two-Person Relay Walker: I agree to raise at least \$250 in contributions. As a Five-Person Relay Walker: I agree to raise at least \$200 in contributions. I understand and agree that if I have not raised my committed contributions by the time the event commences that I may make an instant or delayed self-donation, or I may choose not to participate.

I desire to participate in the TBBCF 2008 Walk Across Southeastern CT on October 4, 2008 beginning in Old Saybrook and ending in Waterford. I acknowledge that walking has inherent dangers. I assume all risk of participating in this event. I hereby certify that I am in good health and have trained to walk the distance of the Walk which I am entering.

I hereby for myself, my heirs, and executors, waive, release and hold harmless TBBCF and all organizations and persons associated with TBBCF 2008 Walk Across Southeastern CT, including but not limited to the state, county, and local municipalities wherever any part of the event takes place, sponsors and the officers, directors and shareholders and/or members agents, employees and volunteers of each, medical and other personnel assisting with the event, their representatives from any and all claims, liabilities, rights or causes of action of whatsoever kind of nature, including but not limited to those arising from negligence on the part of any of the aforementioned persons or entities, for damages for any and all injuries to me or my property, or for damage caused by me or by anyone else (including Acts of God), in connection with participating.

I agree to allow TBBCF and its contractors, vendors, agencies and sponsors to use my name, photograph and likeness for any legitimate purpose related to the advertising or promotion of the Walk.

I will be at least 12 years or older on the date the event commences. If I am 12 to 18 years of age I will be accompanied by a parent or legal guardian at the event.

I have carefully read this Waiver and fully understand its content and am aware that this is a release of liability and I agree of my own free will.

Participant Signature / Guardian (if under 18)

Date

Thank you for registering! Every gift is tax-deductible and all donors will receive acknowledgement of their donations. (Federal Tax EIN 20-4149832)

Send Registration Form, Waiver, Checks and Inquiries to:

Terri Brodeur Breast Cancer Foundation

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Phone/Fax: 860.245.0402

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www.terribrodeurbreastcancerfoundation.org