

Registration & Waiver Form – TBBCF Walk Across Southeastern CT

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 Half Marathon Walker: I agree to raise at least \$250 in contributions. As a Quarter Marathon 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 choose not to participate or will continue fundraising efforts to reach commitment by December 31. I desire to participate in the TBBCF Walk Across Southeastern CT. 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 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 acknowledge that dogs are not permitted. I waive all liabilities in regard to any minor accompanying me. I will be at least 12 years or older on the date the event commences. If I am 12 to 17 years of age I will be accompanied by an adult 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. Federal Tax EIN 20-4149832



Send Registration & Waiver Form with Check to:

Terri Brodeur Breast Cancer Foundation | PO Box 785, New London, CT 06320
Phone/Fax: 860.245.0402 | E-mail: tbbcf@sbcglobal.net