

Registration & Waiver Form – 2010 TBBCF Walk Across Southeastern CT

Complete this form, sign the waiver and return with your registration fee.

sign up for:

- Marathon Walk
- Half Marathon Walk
- Quarter Walk
- Volunteer

fundraising commitment:

- \$500
- \$250
- \$200
- None, but fundraising encouraged

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Date of Birth: _____

Guardian (if 12-17 years old): _____

Emergency Contact & Phone: _____

Relationship to Emergency Contact: _____

Male Female

T-shirt size: S M L XL XXL XXXL

**You must register by September 1, 2010 to guarantee receipt of an official T-shirt.*

Are you a breast cancer survivor? Yes No

Have you previously participated in the Walk Across SECT? Yes No

Are you interested in becoming a training walk leader/coach? Yes No

How did you hear about the Walk Across SECT? _____

VOLUNTEER INFORMATION

If registering as a volunteer, please circle all opportunities from the list that interest you.

Walker Services

- Spirit Crew
- Pit Stop
- Lunch
- Hydration*
- Procurement/Base Camp
- Opening/Closing Ceremonies*
- Transportation

Route Services

- Cyclists
- Route Marking
- Sweep
- Traffic Control & Safety**

Registration

- Check-in

Medical Services***

- Medical Doctor
- RN
- LPN
- Paramedic
- EMT
- Massage Therapy

*Heavy lifting may be required

**Requires you to be on your feet for long periods of time, and to navigate and transport oneself along route to each safety location

***Certificate # _____

***License # _____

PAYMENT INFORMATION

In addition to fundraising commitment, each walker must pay a \$25 registration fee. Check, payable to TBBCF, must be enclosed to process registration. No registration fee for volunteers.

Please also accept my donation of: \$ _____

In memory of In support of In honor of Name: _____

Participant Signature / Guardian (if under 18)

Date

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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, 2010.

I desire to participate in the TBBCF 2010 Walk Across Southeastern CT on October 2, 2010. 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 2010 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.

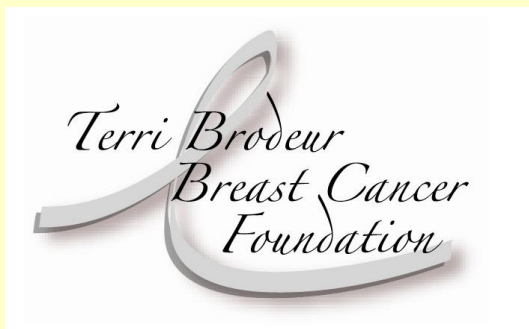
I will be at least 12 years or older on the date the event commences. If I am 12 to 17 years of age I will be accompanied by an adult at the event.

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