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2017 WALK OF REMEMBRANCE

Sunday, September 10, 2017
Registration starts at 3:30 P.M., Walk begins at 5:00 P.M. New Haven Avenue and the Boardwalk, Ventnor, NJ 08406

Name:	Birth Date:		
Address:			
City:	State:	Zip code	e:
Phone:	_Email:		
Shirt size (circle one) Must regis	ter by August	28 th for a T-sh	<u>irt</u>
Youth Small Youth	Medium Youth	n Large Youth	XL
Adult Small Adult Medium	Adult Large	Adult XL	Adult XXL
Registration fee: \$25 per participant, \$10 per participant, ages 13 and under Checks or money order made payable	er.		
Waiver I hereby expressly assume all risks, including bodily away out of my attendance or participation in the Walk of Remen solely responsible for my own health and safety. I represent that my heirs, executors and administrators, release, discharge and agtheir respective officers, directors, volunteers, employees, spons whatsoever, arising out of my participation in or attendance at the above or from any other cause. I agree that my assumption of ris applicable law. If any portion of this agreement is held invalid, the perpetuity to the organizers of this event to use, reuse, publish and or other recordings. I have read, understand and agree to the term. If Participant is a minor or acts in accordance with a legal guardian of the parent and/or legal guardian of Participant, and I here	nbrance and related activit I am physically fit and ab gree not to sue The Alcove ors and agents, from any a nis event and related activities and release hereunder slather remainder shall continued the remainder shall continued republish my name and ms of this agreement.	ties. It is my responsibility ble to attend or participate e Center for Grieving Chil and all liability, claims, de ities – whether resulting fr hall be as broad and inclus ue in full force and effect. I image as a participant in must sign and agree to th	to dress appropriately. I am in this event. I hereby for myself, dren and Families, its chapters, mands and causes of action rom the negligence of any of the sive as is permitted under I grant full permission in the event in photographs, video the below:
hereby agree on behalf of myself and Participant to its terms.			

_ Date: ___