

# REGISTRATION FORM

*Registration Fee \$25.00*

**Make checks payable to  
Presbyterian Home Foundation**

**Every walker must be registered to receive a t-shirt**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex **F** **M**

Adult Size T-Shirt: S M L XL XXL XXXL

Team Name \_\_\_\_\_

Mail completed registration & signed release to  
*Presbyterian Home  
PO Box 1144  
New Hartford, NY 13413  
Attn. Laureen Howard*

In consideration of being permitted to participate in the Parkinson's Awareness Walk 2009 Event, I hereby waive, release, discharge, my heirs, and my personal representatives assume any and all risks associated with this event. I further waive, release, discharge, and covenant not to sue Presbyterian Homes & Services, Inc.; the Presbyterian Homes Foundation, its employees, sponsors, organizers, volunteers or other representatives or agents or their successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of me and/or my child taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO PARENT OF APPLICANT UNDER 18 YEARS OF AGE:** I have read the foregoing and agree to its terms as they pertain to the minor applicant, and further agree to waive, release and hold harmless the persons and entities named above from all rights, claims and liabilities as above, and for loss of services, which I may be entitled to enforce on behalf of the minor applicant or derivatively.

Signature \_\_\_\_\_

Date \_\_\_\_\_