



**REGISTRATION – The Compassionate Friends - River Valley Walk to Remember
October 2, 2016 at 10:00 am Baker Lake**

Please fill out one form and list all persons walking together

Registration is \$10.00 for EACH person 11 years and older—10 and under free

All monies raised go to fund TCF programs and provide area families with grief support.

Make checks payable to: TCF River Valley Chapter - Mail to: 1616 Schuyler St. Peru, IL 61354

Name: _____

Address: _____

City, State, Zip: _____ Phone _____

(Check those applicable) I am: a Bereaved Parent____ Bereaved Sibling____ Bereaved Grandparent____ Friend __ Family Member____

In consideration of being accepted as a participant in the TCF Inc., Walk to Remember, I hereby affirm, acknowledge and agree to the following: 1. That I assume all responsibility for any and all damages to, or theft of, my personal property or any bodily injury (including death) that may occur to me, and further, I assume responsibility for property damage and bodily injury (including death) that I may cause to others, in each case arising or resulting from, incidental to, or as a consequence of, my participation in the TCF Inc., Walk to Remember; 2. That I, for myself, my heirs, my executors and administrators, release and hold harmless from and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of, my participation in the TCF Inc., Walk to Remember, which I may now or hereafter have against The Compassionate Friends, Inc., any business or companies along the route and any and all sponsors and volunteers for said event, and the respective directors, employees and agents of all of the foregoing; 3. That I grant the permission for use of my name and/or picture in any broadcast, photograph, video, or other account of The Compassionate Friends, Inc., Walk to Remember; and 4. That I am aware of the physical demands and hazards of participating in a walking event such as The Compassionate Friends, Inc., Walk to Remember.

Signature: (Parent of Guardian if under 18) _____ Date: _____

All the walkers listed below are walking together and affirm the above statement.

Signature of Walker _____

Same Family Y or N \$10.00 for each walker 11 years and older. Under 10 free

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