



Walker Registration & Waiver Form
2019 TBBCF Walk Across Southeastern Connecticut

Please complete this form, sign the waiver and return with your registration fee to TBBCF, PO Box 785, New London, CT 06320.

PARTICIPANT CONTACT INFORMATION

First Name: _____

Last Name: _____

E-mail: _____

Phone: _____

Address: _____

City/State/Zip: _____

How did you hear about the walk? _____

REGISTRATION INFORMATION

Registration Fee is \$30 (EARLY BIRD \$25 BEFORE AUGUST 1, 2019)

Choose One

- Student Walker - \$100 fundraising commitment for any marathon
Middle school (12 yrs. & older), high school, and college students
 Full Marathon Half Marathon Quarter Marathon 5K
- Cancer Survivor - \$100 fundraising commitment for any marathon
- Full Marathon - \$500 fundraising commitment
- Half Marathon - \$250 fundraising commitment
- Quarter Marathon - \$200 fundraising commitment
- 5K - \$150 fundraising commitment

Are you a breast cancer survivor? Yes No

Are you a cancer survivor? Yes No

Gender: Male Female

Age Division: 17 & under 18 to 29 30 to 44 45 to 60 61 and over

Age on Race Day: _____

Guardian (under 17). If not applicable, print n/a: _____

T-shirt size: Small Medium Large Xlarge XXLarge XXXLarge

Emergency Contact Name: _____

Emergency Contact Daytime Phone # _____

Combined years as a walker/volunteer for TBBCF (incl. this year):

1 2 3 4 5 6 7 8 9 10 11 12 13 14

PAYMENT INFORMATION

In addition to a fundraising commitment, each walker must pay a \$30 registration fee. Check, payable to TBBCF, must be enclosed to process registration. **EARLY BIRD REGISTRATION \$25 BEFORE AUGUST 1, 2019**

Participant Signature / Guardian (if under 18) and Date:

Waiver Form TBBCF Walk Across Southeastern CT

I have read, understand and agree to all conditions stated in the fundraising, registration and release of liability found in this waiver.

Specifically by registering for the event I agree to the fundraising minimum for the event for which I am registering: 1) full marathon - \$500; 2) half marathon - \$250; 3) quarter marathon - \$200; 4) 5K - \$150; 5) students or cancer survivors - \$100. I agree that all donations and registration fees are non-refundable. 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) and Date:

Thank you for registering! Every gift is tax-deductible. Federal Tax EIN 20-4149832



FUNDING RESEARCH TO FIND A CURE