

Walking Toward a Brighter Future
8k Walkathon: Saturday, June 25, 2016!
Wantagh, NY



WALK-A-THON REGISTRATION FORM

❖ **Deadline to submit is Saturday, June 11, 2016**

PARTICIPANTS

INDIVIDUAL WALKER Couple **(2)** Couple Name _____ (optional)

FRIEND & FAMILY TEAM of **5** Team Name _____

GENERAL INFORMATION

If walking as a Friends & Family Team or couple, only one person from your team or group should fill out this section of the registration form

List additional names further below where indicated.

First name: _____ MI _____ Last name _____

Street Address _____ Is this your mailing address? Yes or No

City _____ State _____ zip _____

Phone Number (____) _____ - _____ Home/Cell Email address _____

Do you have Child/Children? Yes No

*Driving to the event? Please have your license available upon request. There is a \$10 parking fee *per* vehicle for all **Non Nassau County residents**. You will be responsible to pay upon entry of the park.

Please list additional walkers and their ages on the following line: (if more names needed add additional on back of form)

Name (full name) _____ age _____ gender: Male Female

Name (full name) _____ age _____ gender: Male Female

Name (full name) _____ age _____ gender: Male Female

Name (full name) _____ age _____ gender: Male Female

Name (full name) _____ age _____ gender: Male Female

REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee with this registration form.

Registration covers: Registration packet, Lanyards and Administrative cost.

Individual: \$10.00 Couple (2): \$15.00 Groups of [5] \$40 (7 years old or older)

Methods of Payment:

Check or US Postal Money Order made payable to: The Dollicia F. Holloway Memorial Foundation, Inc

Mail to:

Attn: Walk-A-Thon Committee 2016

The Dollicia F. Holloway Memorial Foundation, Inc
1000 Front Street
Suite 366
Uniondale, NY 11553

Credit card:

Type _____ Credit Card number _____ Expiration date _____

Name on Card _____ CV code _____ billing Zip code _____

Website: http://www.dolliciaholloway.org/home/the_hip_hop_movement Scroll down and click on the "Pay now and fill out registration form later" box. Be sure to enter a valid email address where we can forward a registration form.

of Walkers (one)= \$ _____

of Walkers (Couple)= \$ _____

of teams (Team of 5) _____ x\$40=\$ _____ (Total of 5 per group)

Totals: Office use only

Total number of Individual Walker(s)/Couple(s)/Team(s) _____/_____/_____ Amount\$ _____

Check # _____ Money Order# _____ Paid via Website on (Date)____/____/2016

Paid

Application will be accepted by the following methods:

Email: Thehiphopmovement12@gmail.com

Mail: Attn: Walk-A-Thon Committee 2015

The Dollicia F. Holloway Memorial Foundation, Inc
1000 Front Street Suite 366
Uniondale, NY 11553

****Waiver of Liability and Image Release****

I intend by this waiver and release of liability to release in advance and to waive my rights and to discharge all of the releases from all claims, losses or liabilities for death bodily injury or property damage that I may have , or which may hereafter accrue to me, as a result of my participation, even though that liability may arise from negligence or carelessness on the part of the releases, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this waiver of Liability and Image Release is binding on my heirs, assigns and legal representatives.

I am physically capable of completing the event. I understand that it is recommended that I discuss my participation with my primary health care provider. If I am aware of or under treatment for any physical infirmity, ailment or illness, I have discussed the event and my participation with my medical care provider(s) familiar with such condition and he/she has approved my participation. I will maintain personal health insurance at all times during my participation. I acknowledge that I , and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me in connection with my participation. I will read the Event description and rules for my participation and I will abide by all rules and regulations established by the Event organizers and personnel. I further agree that my participation is subject to the sole discretion of the Event organizers and the Dollicia F. Holloway Memorial Foundation, Inc, medical director, and that my participation may be limited for medical or other safety-related reasons. In the event of injury, accident or illness during my participation, I consent to receive and authorize event organizers, officials, volunteers, participants and spectators to use their discretion to administer, first aid, medical care and/or medical treatment.

In consideration for being permitted to participate in the Event, I hereby agree to adhere to the policies of The Dollicia F. Holloway Memorial Foundation, Inc. I understand that the Event organizers reserve the right, in their sole discretion, to refuse registration and/or participation to anyone at any time before or during the Event.

Image Release

I understand that my name, picture, voice, or likeness and information related to my participation in the Event, whether the foregoing is captured by photograph, videotape, audiotape or any other recording, (collectively "image") may be used for all promotional purposes related to the Event by The Dollicia F. Holloway Memorial Foundation, Inc ("Foundation") and their respective successors and assigns, sponsors, Licenses, affiliates, and employees (collectively "grantees".) I hereby grant to the grantees the irrevocable, perpetual and worldwide right to (1) use my image in promotional materials or for any other legitimate purpose on behalf of the "Foundation" (ii) create composite or computer-manipulated materials from my image (iii) use, reproduce, publish, exhibit, distribute, and transmit my image in any media, including but not limited to print material, television, film, internet, DVD and CD-ROM, and (iv) assign the above rights to third parties. I waive the right to inspect or approve my image or materials that incorporate my image. I understand that I will receive no compensation in connection with the use of my image. I release the grantees from any liability, damages, or claims resulting from the use of my image,

including claims for libel or invasion of privacy. I understand and agree that the terms of this paragraph are binding on my heirs, assigns and legal representatives.

In the event any provision of this waiver of liability and Image Release is deemed unenforceable by law, (i) "Foundation" shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this waiver of Liability and Image Release will remain in full force and effect.

I have carefully read this Waiver of Liability and Image Release and fully understand its contents. I am aware that by signing this Waiver of Liability and Image Release, I am waiving substantial legal rights, and knowing this; I sign it on my own free will without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

1. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)

2. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)

3. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)

4. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)

5. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)

6. Participant's Printed Name: _____

Signature: _____ Date _____
(Parent or guardian signature is required if the participant is under 18)