

OFFICIAL REGISTRATION FORM

(Please Print)

Name of Participant or Team Captain: _____

Address: _____ City & State: _____ Zip: _____

Email Address: _____ Phone #: _____

Entry Category (Circle) Adult Individual Youth Individual Adult Team Youth Team T-Shirt Size (Circle): S M L XL 2XL

Payment Type (Circle): Cash Check VISA Mastercard

Visa/Mastercard #: _____ Expiration Date: _____

Donation Only: \$ _____ Thank You!

Signature for Credit Card: _____ Date: _____

Waiver (Mandatory)

You must sign the waiver to participate in Care Walk of Burbank 2010: I know that participating in the Care Walk of Burbank is a potentially hazardous activity. I should not enter and walk unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of walking in traffic. I also assume any and all other risks associated with walking this event including, but not limited to, falls, contact with other participants, the effects of the weather and the conditions of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else whom might claim on my behalf, covenant not to sue and waive and release and discharge any and all walk sponsors, walk officials, volunteers, local and state police including any and all of their agents, employees, assigns or anyone acting for or on their behalf from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned grants permission to sponsors and or agents authorized by them to use any photos, video tapes, motion pictures, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.

Signature of Individual Participant or Team Captain

Date

Signature of Parent or guardian of minor participant

Please complete the registration form, sign and date the above waiver.

Return this form along with your payment to the:

Family Service Agency of Burbank
2721 W. Burbank Blvd.
Burbank, CA 91505



All Donations Are Tax Deductible