



REGISTRATION/DONATION FORM

Total Paid: \$ _____

Payment type: ☐ Cash

☐ Check

☐ Credit Card

Please fill out Walker(s) Information, T-shirt size and sign waiver below:

Name(s): _____

Team Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

CC #: _____ Exp. Date: _____ Sec. Code: _____

T-SHIRT SIZE ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ YS ☐ YM

Additional T-SHIRT SIZE ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ YS ☐ YM

☐ 1 REGISTRATION \$15 ☐ 2 REGISTRATION \$30 ☐ 3 REGISTRATION \$45

☐ 4 REGISTRATION \$60 ☐ 5 REGISTRATION \$75 ☐ 6 REGISTRATION \$90

☐ ADDITIONAL DONATION AMOUNT: \$ _____

Release and Waiver of Liability and Consent

I wish to participate in the Nassau County AHRC Foundation Walk ("Event"). I understand the acceptance of the waiver is required to participate in the Event. I further understand that I am solely responsible for my health and safety, and I acknowledge that I am prepared and physically capable of participating in this Event. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event and/or park officials or volunteers may authorize necessary emergency treatment for me. If I am injured as a participant in the Event, I agree to assume all risks and to release and hold harmless Nassau County AHRC Foundation Walk and its officers and representatives. I agree to allow Nassau County AHRC Foundation Walk and their contractors, agencies and sponsors, the use of my name, quotations and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media. I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal guardian understands and consents to its terms, and authorizes the participation of the registrant by his/her acceptance below.

Participant/Guardian Signature _____ Date _____

Mail to: AHRC Foundation Walk | 189 Wheatley Road, #3, Brookville, NY 11545