

Child 2015 WALK FROM OBESITY REGISTRATION FORM



This form is only to be used for registering children under the age of 12 to participate in the Walk from Obesity Event. The form must be completed and signed by a legal parent or guardian. Children must be accompanied by an adult to participate in this event. Children 12 years of age or older must be registered as a paid participant.

Child's Name (Please Print)		Child's Age
Address		Phone
City		Walk Location
State	Zip	Team Name (If Applicable)

Please select your preferred T-shirt size:

Please note: T-shirts are only available in adult sizes.

- Small Medium Large XL 2XL 3XL 4XL

The Walk from Obesity Release and Waiver of Liability Agreement

The undersigned participant ("Participant") in the Walk From Obesity ("Walk") hereby represents and warrants that he/she is in good physical condition and is able to safely participate in the Walk. Participant is fully aware of the risks and hazards inherent in participating in the Walk and hereby elects to voluntarily participate in the Walk, knowing the risks associated with the Walk. Participant hereby assumes all risks of loss, damages, or injury that may be sustained by him/her while participating in the Walk. Participant, on behalf of himself/herself and his or her personal representatives, assigns, heirs, and executors, hereby fully and forever releases, waives, and discharges the ASMBS Foundation, Inc., and any and all Walk sponsors, and their respective officers, directors, members, agents and local event coordinators (collectively "Releases"), from any and all liability to the Participant and/or his/her personal representatives, assigns, heirs and executors, related to or arising out of Participant's participation in the Walk, including without limitation any losses, claims, demands or liabilities resulting from or on account of personal injury or death to the Participant or property damage, whether caused by the active or passive negligence of all or any of the Releases or otherwise.

Participant hereby agrees to the use of his or her name, photograph and likeness in broadcasts, newspapers, brochures, videos, websites and other media for any purpose without compensation. Participant acknowledges that the entry fee is non-refundable and non-transferable. In the event the Walk is delayed or prevented by reason of weather, labor difficulty, work stoppage, insurrection, war, terrorist activity, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, hurricanes, tornadoes, earthquakes), or any other cause beyond the control of the ASMBS Foundation, Inc., there shall be no refund of the entry fee or any other costs of the Participant in connection with the Walk. Participant hereby authorizes emergency medical treatment as needed. Participant acknowledges and understands that Participant's agreement to the foregoing terms is given in consideration of Releases permitting Participant to participate in the Walk. PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

The ASMBS Foundation, Inc. respect the privacy of our Participants and Donors. Your contact information including name, address and e-mail are shared with the ASMBS Foundation, Inc. are not sold, distributed or provided to others. You may opt-out of any mailings from the Walk, ASMBS Foundation, Inc. by sending your request to opt-out including your name, address and e-mail to: 100 SW 75th St, Suite 201, Gainesville, FL 32607, or e-mail your request to: info@asmbsfoundation.org. IF PARTICIPANT IS UNDER AGE 18: This application must be acknowledged and submitted by Participant's parent or legal guardian. By submitting this application, such parent or legal guardian certifies and acknowledges that Participant has permission to participate in the Walk, that the parent or guardian has read the above RELEASE AND WAIVER OF LIABILITY AGREEMENT, that the parent or guardian intentionally and voluntarily agrees to the above terms and conditions, and that Participant is in good physical condition and is able to safely participate in the Walk. The parent or guardian hereby authorizes emergency medical treatment for Participant as needed.

Name of Parent or Guardian (Please Print)	Date
Parent/Guardian Signature	Date





WALK *from* OBESITYSM Coloring Contest



What is your favorite healthy food? _____

Eating nutritious foods like fruits and vegetables is a great way to stay healthy and fit! Color the page and tell us what your favorite healthy food is in the blank space above. Then bring your submission to the *Walk from Obesity*, where one lucky winner will be chosen and win a prize!

(Must be under the age of 12. Participants 12 or older must register as a paid participant)

Parent or Guardian Name: _____

Child's Name: _____

Child's Age: _____ Phone Number: _____