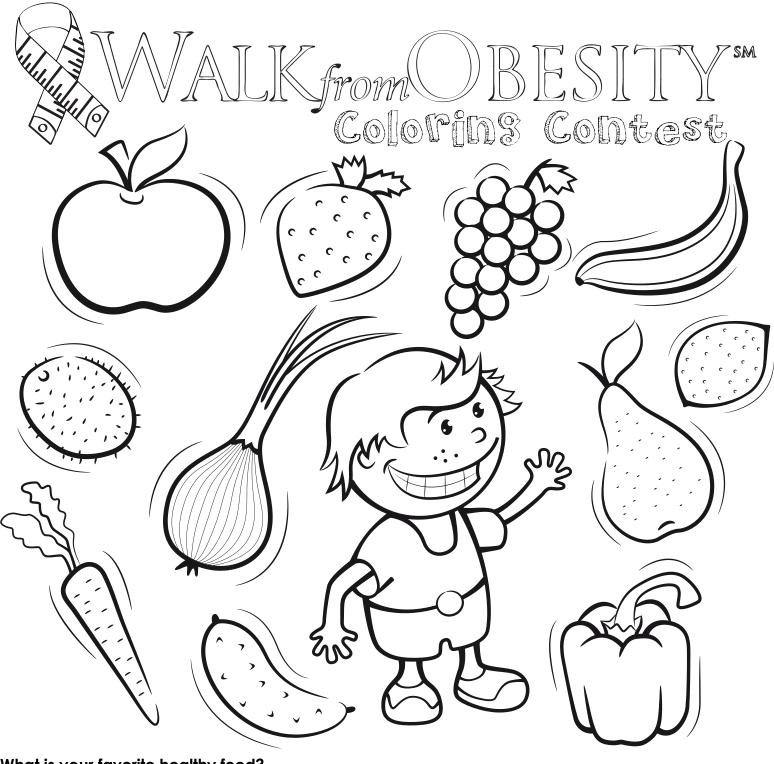
Child 2015 WALK FROM OBESITY REGISTRATION FORM



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) Address | | Child's Age | |
|--|---|--|--|
| | | Phone | |
| City | | Walk Location | |
| State | Zip | Team Name (If Applicable) | |
| | | | |
| Please select your preference note: T-shirts are only of | | | |
| □ Small □ Medium □ Lar | ge 🗆 XL 🗆 2XL 🗆 3XL 🗆 4XL | - | |
| | | | |
| fully aware of the risks and hazards inherer loss, damages, or injury that may be sustail fully and forever releases, waives, and disci "Releases"), from any and all liability to the |) in the Walk From Obesity ("Walk") hereby représents and it in participating in the Walk and hereby elects to volunta ned by him/her while participating in the Walk. Participar narges the ASMBS Foundation, Inc., and any and all Walks Participant and/or his/her personal representatives, assig | se and Waiver of Liability Agreement d warrants that he/she is in good physical condition and is able to safely participate in the Walk. Participant is strily participate in the Walk, knowing the risks associated with the Walk. Participant hereby assumes all risks of nt, on behalf of himself/herself and his or her personal representatives, assigns, heirs, and executors, hereby sponsors, and their respective officers, directors, members, agents and local event coordinators (collectively yns, heirs and executors, related to or arising out of Participant's participation in the Walk, including without ath to the Participant or property damage, whether caused by the active or passive negligence of all or any | |
| acknowledges that the entry fee is non-refu disaster, flood, unavoidable casualty, acts shall be no refund of the entry fee or any o understands that Participant's agreemen | ndable and non-transferable. In the event the Walk is delays of God or the elements (including without limitation, hurrical ther costs of the Participant in connection with the Walk. P | wspapers, brochures, videos, websites and other media for any purpose without compensation. Participant ted or prevented by reason of weather, labor difficulty, work stoppage, insurrection, war, terrorist activity, public ines, tomadoes, earthquakes), or any other cause beyond the control of the ASMBS Foundation, Inc., there tarticipant hereby authorizes emergency medical treatment as needed. Participant acknowledges and isases permitting Participant to participate in the Walk. PARTICIPANT HAS READ THE FOREGOING AND | |
| distributed or provided to others. You may Suite 201, Gainesville, FL 32607, or e-mail y legal guardian. By submitting this applica the above RELEASE AND WAIVER OF LIAB | opt-out of any mailings from the Walk, ASMBS Foundation rour request to: info@asmbsfoundation.org. IF PARTICIPA tion, such parent or legal guardian certifies and acknow LITY AGREEMENT, that the parent or guardian intentiona | ormation including name, address and e-mail are shared with the ASMBS Foundation, Inc. are not sold, on, Inc. by sending your request to opt-out including your name, address and e-mail to: 100 SW 75th St, NNT IS UNDER AGE 18: This application must be acknowledged and submitted by Participant's parent or wledges that Participant has permission to participate in the Walk, that the parent or guardian has read ally and voluntarily agrees to the above terms and conditions, and that Participant is in good physical emergency medical treatment for Participant as needed. | |
| Name of Parent or Guardian | (Please Print) | Date | |
| Parent/Guardian Signature | | Date | |





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: |

