

# The JD Foundation Annual Walk/Run to Wake the Silence

May 20, 2017 10 a.m.

5K Walk/Run

Registration Form

(one form per participant)

Name \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Age on May 20<sup>th</sup>, 2017 \_\_\_\_ E-Mail address \_\_\_\_\_

Registration Fee \$20.00 Paid Y N

Shirt Size

Child's S M L

Adult's S M L XL XXL

TO ENSURE CORRECT SIZE IN T-SHIRT, PLEASE HAVE REGISTRATION IN BY MAY 1<sup>ST</sup>.

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## JD Foundation Walk Release and Waiver

In consideration for allowing me to walk/run in the annual Walk/Run to Wake the Silence, for myself, my heirs and assigns, hereby waive any liability the JD Foundation or YMCA, their agents, employees, or volunteers have to me arising out of my participation in the 2016 Walk to Wake the Silence. This release pertains to any physical damage, or loss to me, my equipment or property, in relation to this walk. I attest and verify that I am physically fit to walk this walk. I agree and consent to INDEMNIFY AND HOLD HARMLESS the JD Foundation and YMCA from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to the undersigned's involvement and/or participation in this event.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Participant's under the age of 18:

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO:

THE JD FOUNDATION OR MAIL TO: 107 MAIN RD ABBOT, ME 04406