



# 2011 Registration Form Domestic Violence Awareness Walk

There are four easy ways to register for the Domestic Violence Awareness Walk.

1. Complete this form and fax to 989-356-6659.
2. Complete this form and scan/email to [contactus@shelterincalpena.org](mailto:contactus@shelterincalpena.org).
3. Complete this form and mail to: Shelter, Inc., PO Box 797, Alpena MI 49707
4. Register onsite the day of the event. Complete this form and bring it with you to the Walk.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Walk Location County:     Alcona    Alpena    Iosco    Montmorency    Presque Isle

Please select your preferred T-shirt size:                    T-shirt Size:    S    M    L    XL    XXL

**The 2011 Domestic Violence Awareness Walk Release and Waiver of Liability Agreement**

The undersigned participant ("Participant") in the Domestic Violence Awareness Walk ("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 Shelter, Inc., and any and all Walk associates, 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 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.**

**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.

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

For questions or additional information on the Domestic Violence Awareness Walk  
call (989) 356-2560, or visit [www.ShelterIncAlpena.org](http://www.ShelterIncAlpena.org)