



Mirror Mode Movement's 2013 3M Walk & Women's Health Fair

Eastern Henrico Recreation Center
(1440 N. Laburnum Avenue, Richmond, VA 23223)

Saturday, May 18, 2013

REGISTRATION FORM & WAIVER

First Name _____ Last Name _____

Date of birth _____ Age _____
(If under 18, your parent/guardian must sign form.)

Street Address _____

City/State/Zip code _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Email address _____

Registration waiver must be completed for each person participating in the event.

If you paid online, what date? _____ How much? _____ How many people did you pay for? _____
If you paid for more than one person, please list their names and ages. Advise them to list your name on their registration waiver in this section so we can connect the forms.

What group/organization are you walking for? _____

Please read waiver, as follows:

I have full knowledge of the risks involved with, and understand that I could be injured during the Mirror Mode Movement 3M Walk & Women's Health Fair. I agree to assume all risks of such injury. I unconditionally release and discharge Choices, LLC and all other persons and entities involved with this event from any and all claims, damages, and expenses that may arise directly or indirectly from my participation in this Event. I understand that neither Choices, LLC nor any of the other sponsors, individuals or groups involved in the coordination of this Event makes any representations or warranties about the fitness or condition of the public parks, streets or trails that will be used for the event, and I agree that none of those parties is responsible for the maintenance or condition of those parks streets or trails, or for the public safety thereon. I hereby certify that I am able to participate in the Event without harm to myself or others. I hereby grant Choices, LLC and its licensees, the irrevocable right to use and publish, for any purpose whatsoever and without compensation, any photographs, video recordings, or motion pictures of my likeness, voice, portrait, testimonial statement, if any, and to refer to me and my name, title, city and state of residence in relation thereto, in all media and promotion of Choices, LLC in connection with my participation in the Event. There will be a \$25 charge on all returned payments and may include any/all additional fees incurred as the result of the return.

I have fully read and agree to the terms of this registration waiver by signing this form.

Printed Name _____ Signature _____

Date _____ Parent/Guardian printed _____ Signed _____

Emergency contact _____ relation _____ ph# _____

OFFICE ONLY

Date Paid _____ Amount _____ Confirm sent _____ Arrived to event _____