

**REGISTRATION – TCF Greater New Orleans Chapter Walk to Remember  
Sunday, October 4, 2009**

Registration begins at 8:30 AM Walk starts at 10:30 AM in Children's Memorial Garden at Lafreniere Park  
**Pre-registration is \$15 through September 20<sup>th</sup>. After September 20<sup>th</sup> registration is \$20**

Walkers will get a Walk to Remember T-Shirt and Walk style Bib to write child's name.

All monies raised go to fund TCF programs

Make checks payable to: The Compassionate Friends. Mail to: 3521 California Ave., Kenner, LA 70065

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

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

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

Phone No. \_\_\_\_\_ Shirt Size: (circle one) S M L XL XXL Kids M

**LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING: Please copy and complete this section for each person**

In consideration of being accepted as a participant in the TCF Inc., Walk to Remember, I hereby affirm, acknowledge and agree to the following: 1. That I assume all responsibility for any and all damages to, or theft of, my personal property or any bodily injury (including death) that may occur to me, and further, I assume responsibility for property damage and bodily injury (including death) that I may cause to others, in each case arising or resulting from, incidental to, or as a consequence of, my participation in the TCF Inc., Walk to Remember; 2. That I, for myself, my heirs, my executors and administrators, release and hold harmless from and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of, my participation in the TCF Inc., Walk to Remember, which I may now or hereafter have against The Compassionate Friends, Inc., any business or companies along the route and any and all sponsors and volunteers for said event, and the respective directors, employees and agents of all of the foregoing; 3. That I grant the permission for use of my name and/or picture in any broadcast, photograph, video, or other account of The Compassionate Friends, Inc., Walk to Remember; and 4. That I am aware of the physical demands and hazards of participating in a two mile walking event such as The Compassionate Friends, Inc., Walk to Remember.

**Signature: (Parent or Guardian if under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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