

North Country Community
Mental Health
Fun Walk For Autism
Awareness



Saturday, April 29, 2017
at
Veterans Memorial Park, Boyne City, MI

REGISTRATION FORM

(All participants must complete—one form per person)

\$10 payment due with registration

9:00 a.m.—Registration

10:00 a.m.—Fun Walk Begins

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Age: _____ Gender: M / F

T-Shirt Size: Please circle size.

Adult T-Shirt: S M L XL XXL

Youth T- Shirt: M L

_____ Registering with donation, no T-Shirt.

Make checks payable to: **North Country Community Mental Health**

Mail to: NCCMH

Attention: Heather Smith; 800 Livingston Blvd. Suite 2B; Gaylord, MI 49735

231-347-9605 Ext 3607 (TTY: 711)

www.norcoemh.org

WALK RELEASE

(MUST BE SIGNED BY PARTICIPANT/GUARDIAN, IF UNDER 18, OR APPLICATION WILL BE REJECTED)

In consideration of the foregoing, I, myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release all my rights, claims and courses of action I have or may have against this event, its Primary Sponsor (NCCMH) and its affiliates, their agents, employees, officers, directors, successors and assigns, the County, the City, Veterans Memorial Park, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this event, and any pre- and post-event activities. I attest and verify that I am physically fit, have been medically cleared to participate, and have sufficiently trained for the completion of this event. I give full permission to NCCMH to use any photographs, videotapes, or other recordings for any legitimate purpose including commercial advertising.

x _____
Signature

x _____
Parent/Guardian

Date