

Walk in The Woods for Parkinson's – September 17, 2023

REGISTRATION/DONATION FORM

1. Make registration checks (\$20 per person) payable to: TAPSG (Torrington Area Parkinson's Support Group). Mail to TAPSG, P.O. Box 521, Torrington, CT 06790.
2. Write additional donor names, emails and amounts on back of form, with check(s) enclosed.
3. Mail completed forms, fees and donations to TAPSG (see above), or bring to registration on walk day.
4. Registrations **received by August 30, 2023** may receive a free t-shirt on walk day. Indicate size below.



WALK Date: Sunday, September 17, 2023

Time: Register at noon; walk at 1:00. (Picnic in the field throughout the day. Clean up your own picnic area.)

Place: White Memorial Conservation Center, 80 Whitehall Road, Litchfield, CT

Information: www.walkforpd.org, www.tapsg.org, or call Susan at 860-489-1677.

WALKER INFO

Last Name _____ First Name _____

E-Mail _____ Phone _____

City, State _____ I am part of a team Team Name/Company: _____

Registration Fee: \$20.00 per person made out to TAPSG.

No fee required for children 12 years and younger. All children must have adult supervision.

If registered by August 30, receive a free T-shirt on walk day. ✓ Check size S M L XL XXL

Mail forms and fees to TAPSG, P.O. BOX 521, Torrington, CT 06790.

WAIVER

I agree that I am participating in A Walk in the Woods voluntarily and do so at my own risk. I hereby fully release all parties connected in any way with this event from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of my participation in this event. I consent to being provided with emergency treatment in the event of my illness or injury during my participation in A Walk in the Woods, and agree not to hold the Fox Foundation or TAPSG responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by TAPSG in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

Signature of Participant _____ Signature of guardian if under 18 years of age _____

