Walk in The Woods for Parkinson's - September 14, 2025

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

12:00 On Site Registration; Field Activities; Ticketed Drawings; Silent Auction; Bake Sale; Picnic on your own 1:00 Walk, water and snack (complimentary) 2:00 Announcements/ Prizes 2:45 Clean Up 3:30 Empty Field, many thanks

WALKER INFO:

DID YOU KNOW?

- Parkinson's disease is a chronic, degenerative neurological disorder that affects one in 100 people over age 60.
- > The average age at onset of Parkinson's is 60, but people have been diagnosed as young as 18.
- Parkinson's strikes men and women in every culture and race.
- Recent research indicates that at least one million people in the people in the United States, and more than five million worldwide, have Parkinson's disease.

Registrations received by August 25th receive a free T-shirt on walk day!

Team Name:	_ T-shirt size:	S	M	L	XL	XXL
Last Name	First Name	e				
E-Mail	Phone					
City, State	Child 12	or un	der?	YE	ES N	1O
Waiver – to be signed by all registered walkers o	or guardian if v	walke	<u>er is 1</u>	<u> 2 or</u>	under	:
I agree that I am participating in A Waso at my own risk. I hereby fully release a event from all claims or lawsuits for any injulosses, or any other liability of any kind, arist participation in this event. I consent to bein the event of my illness or injury during my pagree not to hold the Fox Foundation or TAI with such treatment. I consent to the publicity or advertisement carried out by TAI print, broadcast, or the Internet. By signing read this Release and Consent and fully unconsignature of Participant Signature of guardian if under 18 years of age Signature of guardian if under 18 years of age	all parties con uries, death, p sing directly o g provided wi participation i PSG responsil cation and/or further notice PSG in any m g below, I con derstand and	orope or ind ith e n A \ ble for othe e or nanne nfirm agre	ted in erty of lirect merged Walk or an er us comper what e to	damadamadamadamadamadamadamadamadamadam	y way age or ut of r y trea he Wo ests as my n sation oever, ave ca onten	with this r theft, my tment in cods and ame, in cluding arefully ts.

Use back of this form to register additional walkers.

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ADDITIONAL WALKER INFO: (See waiver language on front of this form)

Team Name:	
E-Mail	Phone
Child 12 or under? YES NO Agree to Waiver Signature of Participant:	
Agree to Waiver Signature of Guardian:	
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Team Name:	
Last Name	First Name
E-Mail	Phone
Child 12 or under? YES NO	
Agree to Waiver Signature of Participant:	
Agree to Waiver Signature of Guardian:	
Team Name:	T-shirt size: S M L XL XXL
Last Name	First Name
E-Mail	Phone

Child 12 or under? YES	NO
Agree to Waiver Signature	of Participant:
Agree to Waiver Signature	of Guardian:

ADMIN: Cash Amt: Check Amt: T-shirts: