

## Registration Form

Walk & Run for Stuttering Awareness  
Bowring Park,  
305 Waterford Road, Saint John's NL.  
September 30, 2018



SEPTEMBER 30, 2018

# 1k/5k Walk & Run

for stuttering awareness & fundraiser

in support of Newfoundland and Labrador Association  
of Speech-Language Pathologists and Audiologists (NLASLPA)

You can use this form to register and mail, or register online at:

[www.Running Room /WalkRun2018](http://www.Running Room /WalkRun2018)

Name (first and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

AGE: Under 16 \_\_\_\_\_ 17-25 \_\_\_\_\_ 26-40 \_\_\_\_\_ 40-55 \_\_\_\_\_ 55+ \_\_\_\_\_

EVENT T-SHIRT SIZE: SM \_\_\_\_\_ MED \_\_\_\_\_ LRG \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

COST OF REGISTRATION: \$25.00 per person | Additional donation \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

CHEQUE ENCLOSED \_\_\_\_\_ (Please make payable to Newfoundland and Labrador Association of Speech-Language Pathologists and Audiologists (NLASLPA))

MONEY ORDER ENCLOSED \_\_\_\_\_ (Please make payable to Newfoundland and Labrador Association of Speech-Language Pathologists and Audiologists (NLASLPA))

### RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the 2018 1K/5K Walk & Run for Stuttering Awareness Sunday, September 30, 2018. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE all associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos not to be used for any other commercial or re-sale purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

I, \_\_\_\_\_, agree to the above waiver.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If under age 18, parent or guardian must sign

**Send completed form and waiver with payment to:**

**Greg O'Grady (Founder & Organizer)**

**40 Lasalle Drive,**

**Mount Pearl, NL A1N 0B2**

**Tel: 1-416-400-7955 email: [gregog@rogers.com](mailto:gregog@rogers.com)**