

2009 WALKfromOBESITY™
Registration Form –
Child (Under 12)



Registering for the WALKfromOBESITY is easy! Participants may register online at www.walkfromobesity.com or complete the form below and send it to the following address or to your local Walk Committee Leader.

1. Complete the form:
Walk from Obesity – ASMBS Foundation
100 SW 75th St., Suite 201
Gainesville, FL 32607
2. Recruit others: Walking with friends will not only add enjoyment, but also helps further the cause.
3. Raise funds and be a hero: Try to set a goal of at least \$100 (that's only 10 donations of \$10).

Name: _____

Address : _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Walk Location: _____ Team Name: _____

Each Walk registrant receives a Walk from Obesity T-shirt. Below, please select your preferred T-shirt size

T-shirt Size: S M L XL XXL 3XL 4XL 6XL

The Walk from Obesity 2009 Release and Waiver of Liability Agreement

The undersigned participant ("Participant") in the Walk From Obesity ("Walk") hereby represents and warrants that he/she is in good physical condition and is able to safely participate in the Walk. Participant is fully aware of the risks and hazards inherent in participating in the Walk and hereby elects to voluntarily participate in the Walk, knowing the risks associated with the Walk. Participant hereby assumes all risks of loss, damages, or injury that may be sustained by him/her while participating in the Walk. Participant, on behalf of himself/herself and his or her personal representatives, assigns, heirs, and executors, hereby fully and forever releases, waives, and discharges the ASMBS Foundation, Inc., OAC and any and all Walk sponsors, and their respective officers, directors, members, agents and local event coordinators (collectively "Releases"), from any and all liability to the Participant and/or his/her personal representatives, assigns, heirs and executors, related to or arising out of Participant's participation in the Walk, including without limitation any losses, claims, demands or liabilities resulting from or on account of personal injury or death to the Participant or property damage, whether caused by the active or passive negligence of all or any of the Releases or otherwise.

Participant hereby agrees to the use of his or her name, photograph and likeness in broadcasts, newspapers, brochures, videos, websites and other media for any purpose without compensation. Participant acknowledges that the entry fee is non-refundable and non-transferable. In the event the Walk is delayed or prevented by reason of weather, labor difficulty, work stoppage, insurrection, war, terrorist activity, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, hurricanes, tornadoes, earthquakes), or any other cause beyond the control of the ASMBS Foundation, Inc. and the Obesity Action Coalition, Inc., there shall be no refund of the entry fee or any other costs of the Participant in connection with the Walk. Participant hereby authorizes emergency medical treatment as needed. Participant acknowledges and understands that Participant's agreement to the foregoing terms is given in consideration of Releases permitting Participant to participate in the Walk. PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

The ASMBS Foundation, Inc. and Obesity Action Coalition, Inc. respect the privacy of our Participants and Donors. Your contact information including name, address and e-mail are shared between the two organizations (ASMBS Foundation, Inc. and Obesity Action Coalition, Inc.) but are not sold, distributed or provided to others. You may opt-out of any mailings from the Walk, ASMBS Foundation, Inc. and/or Obesity Action Coalition, Inc. by sending your request to opt-out including your name, address and e-mail to: 100 SW 75th St, Suite 201, Gainesville, FL 32607, or e-mail your request to: info@asmbsfoundation.org. IF PARTICIPANT IS UNDER AGE 18: This application must be acknowledged and submitted by Participant's parent or legal guardian. By submitting this application, such parent or legal guardian certifies and acknowledges that Participant has permission to participate in the Walk, that the parent or guardian has read the above RELEASE AND WAIVER OF LIABILITY AGREEMENT, that the parent or guardian intentionally and voluntarily agrees to the above terms and conditions, and that Participant is in good physical condition and is able to safely participate in the Walk. The parent or guardian hereby authorizes emergency medical treatment for Participant as needed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

For questions or additional information on the WALKfromOBESITY,
please call (866) 471-2727, or visit www.walkfromobesity.com.