

## Onsite Registration Form - Adult

Please choose one of the following:

- Adult** - \$35.00     **Sponsor (No Fee)**     **Volunteer (No Fee)**

Payments are to be made payable to TREO Foundation. (Checks, Money Order, Cash accepted)

Name (Please Print)		Email
Address		Phone
City		Walk Location
State	Zip	Team Name (If Applicable)

**How did you hear about the Walk?**

- Friend/Family Member  
 My Healthcare Provider  
 Social Network  
 Flyer, Brochure, Poster  
 Advertisement  
 Other \_\_\_\_\_

**Would you like to receive the Walk from Obesity E-Newsletter? (Email address must be provided)**

- Yes, please sign me up to receive free Walk from Obesity Newsletters  
 No, thank you.

**Please circle your preferred T-shirt size:**

- Small  
Medium  
Large  
XL  
2XL  
3XL  
4XL  
5XL

I have included an additional donation to the Walk from Obesity in the amount of \$ \_\_\_\_\_

**TREO Foundation's Walk from Obesity 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, to specifically include potential exposure to COVID-19, 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 is entirely responsible for his/her personal protective equipment during the Walk. The participant is entirely responsible for choosing a walking course that is safe and open to the public for use. Participant, on behalf of himself/herself and his or her personal representatives, assigns, heirs, and executors, here by fully and forever releases, waives, and discharges the TREO Foundation, Inc.(ASMBS Foundation), and any and all Walk sponsors (Presenting, Local, and National), 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. The Person(s) submitting this electronic form, agrees that all information provided is correct and accurate AND you are submitting this information on the behalf of yourself and no one else.

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, COVID-19 restrictions, acts of God or the elements (including without limitation, hurricanes, tornadoes, earthquakes), or any other cause beyond the control of the TREO Foundation, 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 BY CHECKING "I AGREE TO THE TERMS AND CONDITIONS."

TREO Foundation, Inc. respect the privacy of our Participants and Donors. Your contact information including name, address and e-mail are shared with the ASMBS Foundation, Inc. are not sold, distributed or provided to others. You may opt-out of any mailings from the Walk, ASMBS Foundation, Inc. by sending your request to opt-out including your name, address and e-mail to: 14260 W. Newberry, Rd. #204, Newberry, FL, 32669, or e-mail your request to: info@treofoundation.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.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date