

Child **WALK FROM OBESITY**
REGISTRATION FORM

This form is only to be used for registering children under the age of 12 to participate in the *Walk from Obesity* Event. The form must be completed and signed by a parent or legal guardian. Children must be accompanied by an adult to participate in this event. Children 12 years of age or older must be registered as a paid participant.

Child's Name (Please Print)

Child's Age

Address

Phone

City

Walk Location

State

Zip

Team Name (If Applicable)

The 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., 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.

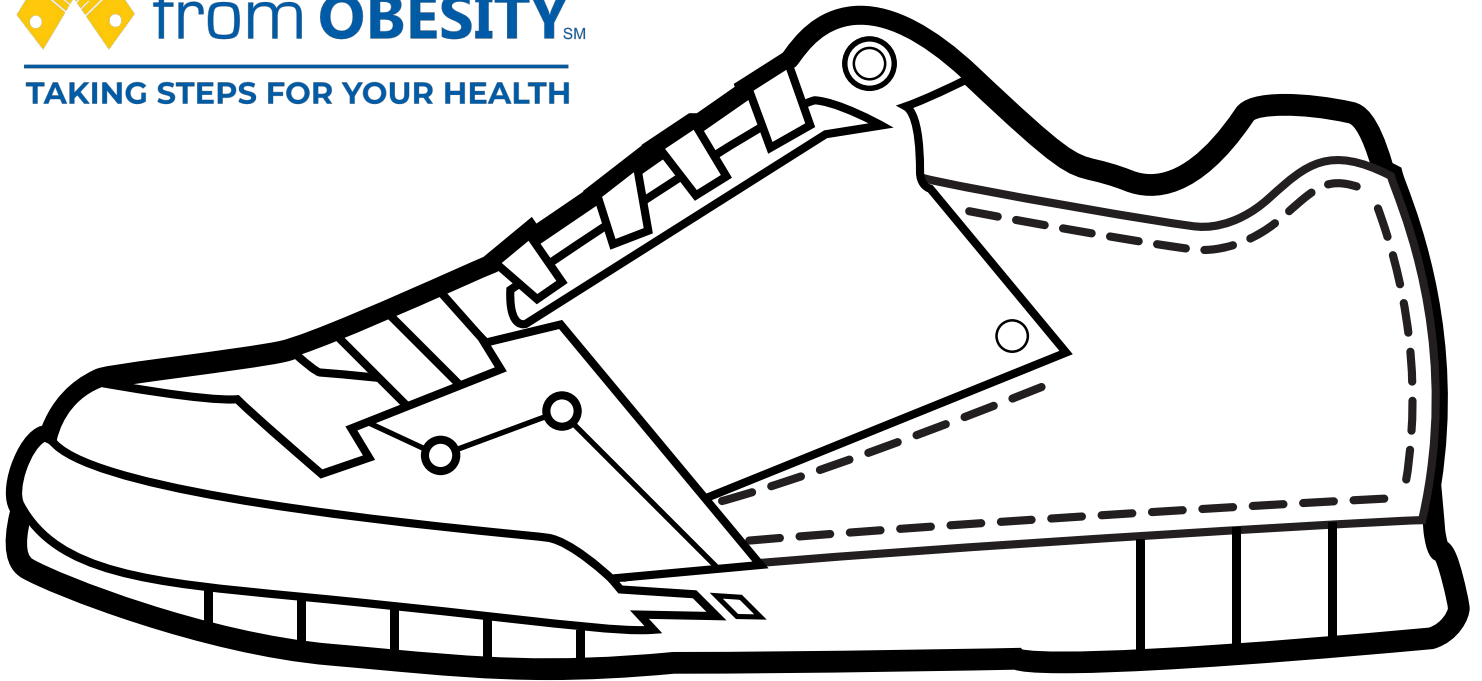
Participant hereby agrees to the use of his or her name, photograph and likeness in broadcasts, newspapers, brochures, videos, websites and other media for any purpose without compensation. Participant hereby agrees to receive an online fundraising page, where their name will be displayed on the web and accessible through the Walk from Obesity website. 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."

The TREO Foundation, Inc. respect the privacy of our Participants and Donors. Your contact information including name, address and e-mail are shared with the TREO Foundation, Inc. are not sold, distributed or provided to others. You may opt-out of any mailings from the Walk, TREO 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. *TREO Foundation is a DBA of the American Society for Metabolic and Bariatric Surgery Foundation, Inc.

Name of Parent or Guardian (Please Print)

Parent/Guardian Signature

Date



Color & Design Your Own Walking Shoe

Walking or running is a fun way to get exercise
and helps to make your body healthy and fit!

Where is your favorite place to go walking?

Parent or Guardian Name: _____

Child's Name: _____

Child's Age: _____ Phone Number: _____