



## ACCESS Resilience Walk

May 7, 2011

9 a.m. – 2 p.m.

### WALK –A-THON REGISTRATION

Dear Friend,

THANK YOU, for participating in the first Annual Children Mental Health Walk. "Walk For Healthy Minds" Will help support and continue to build Healthy minds and resilience in our youths locally.

First Name

Age:

Last Name

Gender: Male

Female

Address/City/State/Zip

Telephone

Email Address

#### **Waiver (must be signed in order to participate):**

I and my heirs, hereby release ACCESS-Initiative Project and its agents, the City Of Urbana, Illinois, its officers, employees, and agents and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglement, imprisonment, death, or loss of money, which might occur while participating in this event.

Specifically, I release said persons from any liability or responsibility from my physical condition, for the condition or selection of course route, and for the presence or actions of any other participants. I am aware of the risks of participation, which include the possibility of sprained muscles and ligaments, broken bones and fatigue. I also attest and verify that I am physically fit to participate in this action.

Participant Signature

Date

If under 18, parent or guardian's signature

Date

Any health concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name and Telephone Number