

Coastal Trail Walk

Yes, I want to be a WALKER on September 17, 2016

Name: *(please print)* _____

Address: _____

Phone: _____ Age: _____

Email: _____

Emergency Contact : _____ Phone: _____

PARTICIPANT LEVEL

\$25 General Walker

\$15 Youth Walker

Waiver: In consideration of your acceptance of my entry, I, intending to be legally bound, do hereby for myself and my heirs, executors, administrators waive and release any and all rights and claims or damages

I may accrue against Suicide Prevention Service, Family Service Agency of the Central Coast, the City of Pacific Grove, the City of Monterey, the County of Monterey, the State of California and all persons and/or organizations affiliated with the Coastal Trail Walk including all walk staff and volunteers, from all liability and for injury suffered by myself or minor child arising from this walk, and I assume all risk for any injuries received. I further attest that I am physically fit for this event. I hereby give permission that Family Service

Agency of the Central Coast may use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes. As part of the waiver I acknowledge that I have read and understand all of the above.

***SIGNATURE and DATE** *(All participants must sign waiver; parent or guardian if under 18)*

Complete this form with signed waiver and mail to:

**ATTN: Coastal Trail Walk
Suicide Prevention Service
PO Box 1222
Santa Cruz, CA 95061**

Questions?

Please contact us at 877-311-WALK, or email us at coastaltrailwalkfsa@gmail.com.

All mail-in registrations must be postmarked by September 11, 2016, so that we may coordinate assignments and notify you in a timely manner.

Thank you for your support!