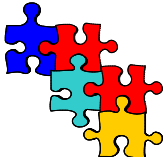


10th Annual



Bailey's Walk for Autism

Payson Road Recreation Area in Foxboro, MA

Sunday, April 16, 2023

WALKER REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Legal Release:

I _____, the undersigned, RELEASE and discharge the Town of Foxborough and Bailey's Team for Autism, agents and volunteers and the race sponsors from all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting, directly or indirectly, from my participation in **Bailey's Run for Autism** (hereafter Run) and or **Bailey's Family Walk for Autism** (hereafter Walk). I agree to indemnify all against any claim, damage, loss or expense of whatever kind or nature that the Run and or Walk may have to pay that arises from my participation in the Run and or Walk. I also grant my permission to use photographs, motion pictures or videotapes of me (or members of my family if applicable) participating in these events for any purpose whatsoever.

Please include names of family members (if applicable) that will participate in the **WALK** portion of our program.

_____	_____
_____	_____
_____	_____

Print Name: _____

Date: _____

Sign Name: _____