



Bailey's Family Walk for Autism

38 Neponset Avenue at Schneider Electric in Foxboro, MA

WALKER REGISTRATION FORM & WAIVER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Legal Release:

I _____, the undersigned, RELEASE and discharge the Town of Foxborough, Bailey's Team for Autism and Schneider Electric and their respective officers, employees, agents and volunteers and the race sponsors from any and 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: _____ Donation: \$ _____

Paid Cash _____ Paid Check # _____ Paid Credit Card: _____ N/A _____

Visa / MC / Disc / AMEX (Circe One) _____