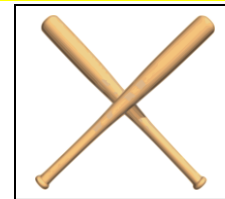


Walk 'n' Roll

2018 Registration Form

Friday, June 7, 2019



Name: _____ Receptionist Initials: _____

Team Name (if applicable): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Registration:

Individual: \$25

Family/Team: \$60

Payment: Cash Cheque (Please make cheques payable to Fairhaven Foundation)

Credit Card

Credit Card No: _____ Exp. Date: _____ Signature: _____

Family/Team Participants (maximum of 4):

Name: _____ Age (if under 18): _____

Name: _____ Age (if under 18): _____

Name: _____ Age (if under 18): _____

Release and Waiver of Liability

I acknowledge the intent of the Fairhaven Foundation 'Walk 'n' Roll' event and absolve and hold harmless the organization from and against any blame and liability to me/my family as a result of my participation in this event or any activities associated with it. I am aware and give consent to any photographer that will be taking pictures at the event and to the use of these photos in the media and/or to promote future events.

Signature of Participant Date

Signature of Guardian if participant(s) is/are under 18 Date

Committed to Protecting Your Privacy: The information you provide will be used only to assist in the proper administration and acknowledgement of your support and to include you in our mailings. Please check the following box if you **do not** wish to be added to our mailing list.

For more information about Fairhaven Foundation, visit www.fairhavenltc.com

Charitable Registration #86880 1945 RR0001

