



**TATI, INC.**

*Transforming America Through Interaction*

## Walk-a-thon Registration, Waiver and Release Form

*This form must be completed and signed by each participant (and by a parent or guardian for participants under age 18) before the participant begins the course. **Please print legibly.***

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration for being permitted to participate in the Tati Inc. Walkathon, I, for myself and for my heirs, executors, administrators and representatives, waive and release any and all rights and claims I may have against, absolve and agree to hold harmless Tati Inc., cooperating organizations, any of their employees, agents and representatives, and any person connected with the event, their successors, assigns, heirs, executors and administrators (individually and as a group referred to as sponsors), singly and collectively, from any blame and liability for any injury, harm, loss, cost, inconvenience or other damage that may result from or be connected in any way to my participation in the Tati Inc. Walkathon whether caused by acts, negligence, error or faults of sponsors or otherwise.

I am physically capable of participating in the event and I will adhere to all event rules and conduct myself in a safe and prudent manner while participating in the event.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

**I have read this waiver and release, understand its significance, and agree to its provisions.**

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Participants under age 18 must have a legal parent or legal guardian signature below.**

As the parent/guardian, I have read the waiver and release form. I understand and agree to its waiver and release provisions, consent to the emergency medical treatment and will be responsible for any and all costs, have discussed with the participant the requirements to observe all traffic laws, and adhere to all other event rules and to act in a safe and prudent manner. I concur with representations made by the participant about physical capabilities.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Participants under age 16 must be accompanied by an adult.**

I am an adult accompanying a participant under the age of 16. I understand that I am responsible for the participant and am prepared to discontinue the course, if needed, to fulfill this responsibility.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_