

## **REGISTRATION – TCF Tampa Bay Area Walk to Remember**

Saturday, November 2nd, 2019 – 10:00 am Showmen's Museum Grounds 6938 Riverview Dr, Riverview, FL (Please fill out one form per each person walking)

Registration is \$40.00 Walk To Remember T-Shirt provided and Walk style Bib to write child's name.

All donations and monies raised go to fund TCF programs

Make checks payable to: The Compassionate Friends of Tampa Bay Area Chapter 2407.

Mail to: 310 Bryan Oak Avenue, Brandon, FL 33511

Name:				
Address:				
City, State, Zip:				
Phone No	(If applicable) Shirt S	ize: (check one) M L _	_xlxxlxxx	L_
Email:				
(Check those applicable) I am: a bereaved parent_	bereaved sibling	bereaved grandparent	Other	
and bodily injury (including death) that I may cause to others, in each to Remember; 2. That I, for myself, my heirs, my executors and admit the same be known or unknown, anticipated or unanticipated, forese Bay Walk to Remember, which I may now or hereafter have against for said event, and the respective directors, employees and agents o video, or other account of The Compassionate Friends, Inc., Walk to Compassionate Friends, Inc., Walk to Remember.  Signature: (Parent of Guardian if under  REGISTRATION Saturday, November 2nd, 2019 – 10:0  (Please fi	n case arising or resulting from, inistrators, release and hold hat en or unforeseen, arising or res The Compassionate Friends, If all of the foregoing; 3. That I am a Remember; and 4. That I am a 18)  18)  — TCF Tampa I O am Showmen's Mill out one form per HOUT T-Shirt - provil I monies raised go to fit	Bay Area Walk to Fuseum Grounds 6938 In each person walking) des a Walk style Bib to wind TCF programs	i, my participation in the TCF Inc., nages, and rights of action, prese quence of, my participation in the 1 the route and any and all spons ne and/or picture in any broadcas azards of participating in a walking.  Date:  Remember Riverview Dr, Riverv rite child's name.	Tampa Bay Walk nt or future, whether TCF Inc., Tampa ors and volunteers it, photograph, g event such as The
Name:	•			
Address:				
City, State, Zip:				
Phone No.				
(Check those applicable) I am: a bereaved parent_	bereaved sibling	bereaved grandparent	Other	
LIABILITY WAIVER MUST BE SIGNI In consideration of being accepted as a participant in the TCF Inc., To responsibility for any and all damages to, or theft of, my personal pro and bodily injury (including death) that I may cause to others, in each Walk to Remember; 2. That I, for myself, my heirs, my executors and whether the same be known or unknown, anticipated or unanticipated. Tampa Bay Area Walk to Remember, which I may now or hereafter I volunteers for said event, and the respective directors, employees are photograph, video, or other account of The Compassionate Friends,	ED BEFORE MAII ampa Bay Area Walk to Remer perty or any bodily injury (inclur o case arising or resulting from, d administrators, release and ho d, foreseen or unforeseen, arisi nave against The Compassiona d agents of all of the foregoing	LING: Please copy and comber, I hereby affirm, acknowledge and iding death) that may occur to me, and incidental to, or as a consequence of ld harmless from and waive all claims ng or resulting from, incident to or as te Friends, Inc., any business or commod. 3. That I grant the permission for us	mplete this section for and agree to the following: 1. That d further, I assume responsibility if, my participation in the TCF Inc., s, damages, and rights of action, a consequence of, my participating panies along the route and any a e of my name and/or picture in ar	each person I assume all or property damage Tampa Bay Area present or future,
such as The Compassionate Friends, Inc., Walk to Remember.  Signature: (Parent of Guardian if under 18)			nands and hazards of participatin	nd all sponsors and by broadcast,