



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 Size: (check one) M ___ L ___ XL ___ XXL ___ XXXL ___

Email: _____

(Check those applicable) I am: a bereaved parent ___ bereaved sibling ___ bereaved grandparent ___ Other _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING: Please copy and complete this section for each person

responsibility for any and all damages to, or theft of, my personal property or any bodily injury (including death) that may occur to me, and further, I assume responsibility for property damage and bodily injury (including death) that I may cause to others, in each case arising or resulting from, incidental to, or as a consequence of, my participation in the TCF Inc., Tampa Bay Walk to Remember; 2. That I, for myself, my heirs, my executors and administrators, release and hold harmless from and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incidental to or as a consequence of, my participation in the TCF Inc., Tampa Bay Walk to Remember, which I may now or hereafter have against The Compassionate Friends, Inc., any business or companies along the route and any and all sponsors and volunteers for said event, and the respective directors, employees and agents of all of the foregoing; 3. That I grant the permission for use of my name and/or picture in any broadcast, photograph, video, or other account of The Compassionate Friends, Inc., Walk to Remember; and 4. That I am aware of the physical demands and hazards of participating in a walking event such as The Compassionate Friends, Inc., Walk to Remember.

Signature: (Parent of Guardian if under 18) _____ Date: _____

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Registration is \$20.00 WITHOUT T-Shirt - provides a Walk style Bib to write child’s name.

All monies raised go to fund TCF programs

Make checks payable to: The Compassionate Friends of Tampa Bay Area. Mail to: 310 Bryan Oak Avenue Brandon, FL 33511

Name: _____

Address: _____

City, State, Zip: _____

Phone No. _____ Email: _____

(Check those applicable) I am: a bereaved parent ___ bereaved sibling ___ bereaved grandparent ___ Other _____

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING: Please copy and complete this section for each person

In consideration of being accepted as a participant in the TCF Inc., Tampa Bay Area Walk to Remember, I hereby affirm, acknowledge and agree to the following: 1. That I assume all responsibility for any and all damages to, or theft of, my personal property or any bodily injury (including death) that may occur to me, and further, I assume responsibility for property damage and bodily injury (including death) that I may cause to others, in each case arising or resulting from, incidental to, or as a consequence of, my participation in the TCF Inc., Tampa Bay Area Walk to Remember; 2. That I, for myself, my heirs, my executors and administrators, release and hold harmless from and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incidental to or as a consequence of, my participation in the TCF Inc., Tampa Bay Area Walk to Remember, which I may now or hereafter have against The Compassionate Friends, Inc., any business or companies along the route and any and all sponsors and volunteers for said event, and the respective directors, employees and agents of all of the foregoing; 3. That I grant the permission for use of my name and/or picture in any broadcast, photograph, video, or other account of The Compassionate Friends, Inc., Walk to Remember; and 4. That I am aware of the physical demands and hazards of participating in a walking event such as The Compassionate Friends, Inc., Walk to Remember.

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