



REGISTRATION · Tampa Bay Area Walk to Remember®

Saturday, April ____, 2027 · 10:00 am

Location: _____, Tampa Bay area

One form per walker, in person or virtual. All money raised funds our chapter's programs. No family is ever turned away because of cost.

Choose one: ☐ **Walk with T-shirt \$45** (T-shirt and a walk bib to write your child's name)

Shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL

☐ **Walk without a shirt \$25** (walk bib to write your child's name)

Virtual: ☐ **Virtual walker with T-shirt \$50** (shirt and bib mailed to you, shipping included)

☐ **Virtual walker, no shirt \$25** (bib emailed to you to print)

Add: Walk sign (bring a 5x7 photo; supplies provided), \$20 each: ____ × \$20 = \$ ____

Honor butterflies, \$10 each: ____ × \$10 = \$ ____ **Total enclosed: \$ ____**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Walking in memory of (child's name): _____

I am: ☐ a bereaved parent ☐ a bereaved sibling ☐ a bereaved grandparent ☐ Other: _____



Scan to register and pay by card, Apple Pay or Google Pay

Or pay by Venmo @TCFTampaBay (note "Walk" + your child's name), or by check payable to Compassionate Friends of Tampa Bay Area Chapter 2407, mailed to 310 Bryan Oak Ave, Brandon, FL 33511. Cash, check or card also accepted at check-in.

Deadlines: T-shirt orders by _____. Walk-day registration at check-in is \$5 extra; shirts limited.

When you're done: sign it, then take a photo or scan it and email it to TampaCompassionateFriends@gmail.com, mail it to 310 Bryan Oak Ave, Brandon, FL 33511, or bring it to a meeting or to check-in. Then pay using the QR code above. You'll get a confirmation email.

LIABILITY WAIVER — must be signed for each person walking

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, incident 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.

Signature (parent or guardian if under 18): _____ Date: _____



The Compassionate Friends
of Tampa Bay Area
Supporting Family After a Child Dies

The Compassionate Friends of Tampa Bay Area, Chapter #2407 · 501(c)(3) Nonprofit · Chapter Leader: Debbie Rivera
813-690-4448 · TampaCompassionateFriends@gmail.com · TampaBayCompassionateFriends.org · 310 Bryan Oak Ave, Brandon, FL 33511
Facebook: facebook.com/TheCompassionateFriendsTampaBayAreaChapter · Meetings: 1st Thursday 6:30 pm, Brandon Regional Library · 3rd Thursday 7 pm on Zoom