

Registration Fee: Children/Free Adult/\$5

Fee includes walk t-shirt, food & drink ticket. Children receive a free shirt thanks to our wonderful sponsors.

If you would like to participate, please complete the form below and return to your child's teacher by 10/4/2019.

Name: _____

Child's Name(s): _____

School: _____

Teacher/Grade: _____

Phone: _____

Email: _____

Please circle shirt size(s):

YS YM YL S M L XL 2XL(\$6) 3XL(\$7)

Please return by Friday, October 4th to your child's teacher or you can register online at www.kindnesswalk.com

***Checks can be made payable to "Interboro School District"**

Refund and Privacy Policy: Registration fees made are non-refundable.

Liability / Photo Waiver: I, for my heirs, executors and myself, do hereby release Interboro School District, Borough of Prospect Park, A Community for Change, all sponsors and contributors from any and all liabilities in this event. I understand the implications of participating in this event and certify that I am physically prepared to participate. I hereby grant Interboro School District, Borough of Prospect Park and A Community for Change to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Interboro School District, Borough of Prospect Park and A Community for Change and will not be returned. I hereby irrevocably authorize the Interboro School District, Borough of Prospect Park and A Community for Change to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the Interboro School District, Borough of Prospect Park and A Community for Change from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

Signature of Participant

Date: _____

Signature of parent/guardian if under age of 18

Date: _____