

**REGISTRATION FORM--2007**

Either send this form with a check (made out to UCM @ PSU) to:

Community Walking Program  
P. O. Box 713  
Plymouth, NH 03264

or bring it to the registration event on the 9th of September.

First Name: \_\_\_\_\_

Last Name:\_\_\_\_\_

Street Address:\_\_\_\_\_

Town:\_\_\_\_\_

ZIP Code\_\_\_\_\_

E-mail address:\_\_\_\_\_

**Category**(Place a check before the appropriate category)

\_\_\_\_\_Competitive-Team (please list the names of the other members of your team below. Team can consist of two to four members)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_Competitive-Individual Only

\_\_\_\_\_Competitive-Youth

\_\_\_\_\_Non-competitive

**Waiver and Release 2007**

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the sponsors, any and all coordinating groups, and any individuals associated with the Community Walking Program 2007, including their representatives, successors and assigns, whether or not any such claims are based upon or arise out of the negligence of one or more of such released parties, and will hold any such parties harmless from any and all injuries suffered in connection with this event.

I attest that I am physically fit to participate in this program.

I also hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, pictures, recordings, or any other records of this program for any legitimate purpose.

Signature \_\_\_\_\_

Printed Name\_\_\_\_\_ Date\_\_\_\_\_

Parent's Signature--if participant is under 18 \_\_\_\_\_

Printed Name\_\_\_\_\_ Date\_\_\_\_\_

**Sponsor List (Alphabetically)** Health Ministiries-Plymouth Congregational-UCC, Plymouth State University, Speare Memorial Hospital, and United Campus Ministry at PSU