

REGISTRATION – TCF Honolulu Chapter Walk to Remember

24 June 2023 at 09:00 am at Kapi'olani Park, starting at the Bandstand

(Please fill out one form per each person walking)

Registration is Free, a bib to write your child's name will be provided. PLEASE RETURN this registration by JUNE 3, 2023.

Name: _____

Address: _____

City, State, Zip: _____

Phone No. _____

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

This 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., 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., 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., 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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