



**Celebrating our 29th Year!**  
**SATURDAY, AUGUST 17<sup>th</sup>, 2019**  
**Town Hall Square at 10:00 AM (3.2 miles) Fee: \$20**  
*(checks payable to: The Falmouth Walk)*

**Please Read Carefully**

*I fully understand the format of this event, that it involves strenuous exercise, which can be potentially hazardous. I should not enter this walking event unless I am medically able and properly trained and prepared. I assume all risks which are associated with this walking event, including, but not limited to, falls; the effects of hot, humid weather; traffic; and the conditions of the roads and walkways. Being aware of all of these risks, they are known and appreciated by me. I also agree to abide by the decision of an event official, relative to my ability to complete the Walk.*

*Having read this waiver and knowing the facts, in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release organizers, event officials, volunteers, The Quarterdeck Restaurant, St. Barnabas Church, the sponsors of this event, the Commonwealth of Massachusetts, the Town of Falmouth, the Falmouth Police Department, and sponsor representatives and successors, from all claims and liabilities of any kind arising out of negligence and/or carelessness on the part of the persons, sponsors, and organizations named in this waiver.*

*I also give my permission, to all the above mentioned, to use any photographs, videos, or any other record or account of this event for any legitimate purpose. **If registering multiple family members, you acknowledge all participants have read this waiver and gave you permission to sign on their behalf.***

**Please complete all information and sign on the bottom**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

email: \_\_\_\_\_

Total Number Registered: \_\_\_\_\_ **List additional family member(s) name(s) & age(s) on the back of this form.**

Local Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer/Local Address: \_\_\_\_\_

**Emergency Contact & Cell Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please tell us how you heard about this event. Check all that apply.**

Repeat Walker     Family or Friend     Enterprise or other paper     e-mail from the Walk

Facebook     Walk Website     FRR Publications     FRR Expo

Yard Signs     Posters/Fliers     Other: \_\_\_\_\_

Website: [www.falmouthwalk.org](http://www.falmouthwalk.org)

email: [falmouthwalk@falmouthwalk.org](mailto:falmouthwalk@falmouthwalk.org)

