

Registration Form

Name _____ Age _____
Address _____
City _____ State _____ Zip _____
Contact Phone _____
e-mail _____

T-Shirt Size:
S M L XL XXL (circle one)

Disability, date of onset, (i.e. above-knee amputee at age off 45 due to trauma)

Profession(i.e.CP/CO/CPO/PT/OT/RT/Student)

Name of company, organization or school representing

Special Meal Requirements (vegetarian, diabetic,etc.)

Emergency contact name _____
Phone Number _____ **Relationship** _____

AGREEMENT TO PARTICIPATE

I understand and agree to participate in the “The Walking School”, April 25, 2009. By agreeing to participate, I acknowledge that I know the dangers involved and am aware of the basic safety rules for this type of activity. I understand that no one is guaranteeing my safety and agree to personally assume all risks involved in participating. I also understand that Mercy Hospital and Ortho Pro Associates, its employees, volunteers and agents are not responsible for any claim, loss, or damages, which may result from my participation. I release and hold harmless Mercy Hospital and Ortho Pro Associates, its employees, volunteers and agents, from any claim arising out of my participation in this activity.

By agreeing to participate in this activity, I grant permission to you to use my likeness, voice and words in photographs, videotapes, television, radio, and other media. I also grant permission for emergency medical care to be sought on my behalf in the event of a medical emergency and agree to pay for all costs of such medical care.

Please sign below and fill in complete information as requested. NOTE: If participant is a minor or unable to give consent a parent or guardian must sign.

PRINT NAME _____

Location: Mercy Hospital Kohly Outpatient, 3663 South Miami Avenue, Miami, FL
Time: 11:00 – 3:00 PM, Free Lunch provided

SIGNATURE _____ **DATE** _____

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