



REGISTRATION FORM

November 6, 2010

You may also register online at www.walktoaction.org.

One registration per form, please. You may make copies of this form for multiple registrations.

PERSONAL INFORMATION

First Name _____ Last Name _____ M.I. _____
 Mailing Address _____ Suite/Apt. No. _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____
 E-mail Address _____

Gender Female Male

Date of Birth _____
(You must be at least 18 to participate.)

T-shirt size S M L XL

Crew: Do you have a valid driver's license? No Yes

Would you like vegetarian (non-vegan) meals? No Yes

Check here if you do not wish to receive mailings from the beneficiary.

How did you hear about Walk to Action?

- Family/Friend
- Website
- Poster or postcard
- PCAT
- Ad (please specify) _____
- Article/TV/Radio (please specify) _____
- I am a previous Walk to Action participant
- Other (please specify) _____

REGISTRATION FEE – Walkers: \$50 (\$40 until February 26, 2010) Crew: \$20

- My check, payable to "PCAT," is enclosed.
- Please bill my VISA MC Amex Discover

I am registering as a walker crew

All registrants must sign below

I understand that the registration fee is non-refundable. I authorize Prevent Child Abuse Texas to charge my credit card as indicated above.

Account Number _____
 Exp. Mo/Yr _____

Signature _____ Date _____

EMERGENCY CONTACTS *Please list two.*

Last Name _____ First Name _____
 Relationship _____
 Primary Phone (____) _____
 Alternate Phone (____) _____

Last Name _____ First Name _____
 Relationship _____
 Primary Phone (____) _____
 Alternate Phone (____) _____

Registration continues on next page.

THE SMALL PRINT

YOUR AGREEMENT

I understand that in order to participate as a walker in Walk to Action ("the Walk") it is my responsibility to complete the \$500 donation/fundraising requirement, in checks and approved credit card donations, due to Prevent Child Abuse Texas ("PCAT") by November 6, 2010, or guarantee the balance due by certified check or credit card on that date. (Crew has no fundraising requirement.) This balance due cannot exceed \$150 in outstanding donations. I understand that donations made after October 15, 2010 may not be entered into my account until after November 6, 2010 and that I will be required to guarantee these donations by certified check or credit card until they are entered in my account. I also understand that if I have not completed the required donations by the deadline, I may make my own donation to PCAT for the balance in order to participate in the Walk. I understand that failure to complete the balance of the fundraising requirement by that date will result in the forfeiture of my place on the Walk. I understand that all donations processed by PCAT are non-refundable, even if I do not participate in the Walk. I certify that I will be at least 18 years of age at the time of the Walk. I further understand that I must provide proof of health insurance coverage (via a waiver to be provided to me before the Walk) in order to participate in the Walk, or in the absence of health insurance, must sign a separate release of liability prior to the start of the Walk.

I have read, understand, and agree to the above. Participant Signature _____ Date _____

WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

I wish to participate in Walk to Action ("the Walk") which I understand to be a one-day, 20-mile non-competitive donation walk and related events hosted by Prevent Child Abuse Texas and Global Impact Tours Inc. DBA Global Impact Productions. I understand that in participating in The Walk I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks which may result. I am also aware that accidents occur during such activities and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in The Walk, I agree to assume all risks and to release and hold harmless Prevent Child Abuse Texas; Global Impact Tours Inc. DBA Global Impact Productions, the Walk to Action, all Walk to Action Medical Team members, sponsors, officials, participating clubs, communities, organizations and all other government or public entities (and all of their respective officers, directors, agents, employees and members) who, through negligence, carelessness or any other cause, might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in The Walk, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I am physically capable of participating in The Walk, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in The Walk. I acknowledge that I, and I alone, am solely responsible for my personal health and safety and the personal property I bring with me. I accept full responsibility for any costs incurred for medical treatment due to incorrect, outdated, or falsified insurance information. I will abide by all rules and regulations established by the Walk organizers and personnel, as well as all Texas transportation laws and pedestrian codes.

I understand that my name, photograph, voice, video and film image, or likeness may be used by PCAT, Global Impact Tours Inc. DBA Global Impact Productions, and their licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I certify that I am at least 18 years of age at the time of the Walk. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, director, employees, agents and representatives and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement at the first official meeting of the Walk by signing another copy of this waiver, and the failure to do so will disqualify me from participating in the event without entitling me to any refund.

This is an important legal document. Read it carefully before signing below.

Print name _____

Signature _____ Date _____

SUMMARY OF REQUIREMENTS FOR ALL PARTICIPANTS

1. You must be at least 18 years of age at the time of the Walk;
2. You must have health insurance, or in the absence of health insurance, must sign a separate release of liability;
3. Walkers must complete at least the \$500 fundraising requirement in donations by November 6, 2010 in order to participate in the Walk or guarantee the balance due by check or credit card on that date (The balance due may not exceed \$150.);
4. You must attend a mandatory orientation meeting and safety presentation on the morning of Saturday, November 6, 2010; and
5. You must obey all official Walk rules and policies.

Make checks payable to: PCAT

**Send your registration
with payment to:**

Walk to Action
c/o Prevent Child Abuse Texas
13740 Research Boulevard, Suite R-4
Austin, TX 78750-1835
Phone 866.858.6877
Fax 512.250.8733

Walk to Action is created and produced by

