



The Nancy Swain Watters Memorial Walk

Official Entry Form: Friday, April 12, 2019

The Nancy Swain Watters Memorial Walk will benefit education programs on child sexual abuse, domestic violence, professional training, and services for children seen at the Children's Center of the Cumberland as well as clients at the Scott County Women's Shelter. Each participant must complete and sign this form, agreeing to the waiver described below. Only one person per application. **All participants will be provided with a bib number which must be worn on the day of the walk.**

PLEASE PRINT: First name _____ Last name _____

Address _____

City _____ State _____ Zip _____

Email address: _____ Daytime phone: _____

____ Male ____ Female Date of birth __/__/__ T-shirt size (S, M, L, XL)
(Circle one size)

____ Enclosed is my non-refundable, non-transferable registration fee of \$35.00.

____ Enclosed is my non-refundable, non-transferable registration fee for my family of \$75.00

____ Children 13-17 suggested donation \$15.00

____ Children 12 & under FREE but must be accompanied by an adult

____ I can't be there, but I want to make a contribution to The N.S.W.M.W. for \$50 ____ \$100 ____ Other ____

____ I would like to sponsor a child for \$35.00.

Waiver – MUST BE SIGNED

I know that participating in the "Nancy Swain Watters Memorial Walk." is a potentially hazardous activity. I should not enter and participate unless I am medically able, properly attired, and otherwise prepared. I assume all risks associated with participating in the "Nancy Swain Watters Memorial Walk", including, but not limited to falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and conditions of the road, with all such risks being known and appreciated by me. I understand that event officials may terminate my participation in the Walk at any time, for any reason, and I agree to abide by all decisions of event officials. Having read this waiver and knowing these facts and in consideration of your accepting my entry form, I, for myself and anyone entitled to act in my behalf, waive and release any and all persons and entities connected with The Nancy Swain Watters Memorial Walk, including event officials, volunteers, and all sponsors, their representatives and successors, from all claims of liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use photographs, motions, photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I hereby certify that I am at least 18 years of age or that if I am under 18 my parent or legal guardian has signed this form.

Signature _____ Date _____

Relationship to the participant _____

(If participant is under age 18: this is to certify that my son/daughter has my permission to participate in the "N.S.W.M.W." and is in good physical condition that I have read and I consent to the terms of the above waiver, and that walk officials have my permission to authorize emergency treatment if necessary)

Signature of parent or legal guardian: _____

Send completed form with check payable to:

Children's Center of the Cumberland

P.O. Box 4314

Oneida, TN 37841

