

Hosted by SPTS Youth Council

WALK FOR WELLNESS A STRIDE AGAINST SUICIDE

Sunday, May 7, 2017

11:00 am Registration ~ 12:00 pm 5k ~ 12:30 - 3:00 pm Wellness Fair

Turkey Swamp Park, Freehold

Participant Registration Form

Name _____ Age as of 5/6/17 _____ T-shirt Size* _____ Youth Adult
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail* _____

I will be participating as:

Individual Team (Team Name/Captain) _____

Register as a Participant or Support a Team Online on April 18 after 12:00 pm
www.crowdrise.com/spts-oceanfirstchallenge

or checks can be made payable to SPTS, Inc. and handed in at Walk Registration

***Raise \$25 to receive a t-shirt. All Proceeds to Directly Support SPTS Youth Council.**

Prizes awarded for Individual and Team with Most Donations and Highest Donations Collected

Walk for Wellness: A Stride Against Suicide Waiver and Indemnification

By signing below, I acknowledge that I have read this and I understand its intent. I further agree for myself, or as the guardian for a minor, and/or as the minor's, executor, administrator and/or representative, do hereby agree and will absolve and hold harmless the Society for the Prevention of Teen Suicide, Inc.(SPTS), corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns the "Sponsors" singly and collectively, from and against any liability whatsoever, which may result from or be connected in any way to my participation in Walk for Wellness. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that I will observe all applicable traffic and event rules, and that I will conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless the Sponsors from any injury, loss or harm I may sustain because of any breach of these representations. I understand that SPTS reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner, which could jeopardize the success of Walk for Wellness. I hereby consent to and permit emergency treatment in the event of injury or illness while participation in this event. I also give permission to the SPTS to use my name and any photograph taken of me during the event in any promotional materials, publications or Internet. If you are an adult registering a minor, you are accepting these terms. Must be signed in order to participate.

Signautre Date

IF PARTICIPANT IS A MINOR, PARENT OR GUARDIAN MUST SIGN BELOW:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms. I certify that I have read this waiver and release, and that I understand its significance.

Signautre Date



Contact the SPTS Office with any questions

(732) 410-7900 or info@sptsusa.org

The Society for the Prevention of Teen Suicide is a non-profit organization registered with the state of NJ. Tax ID 06-1738917

Society for the Prevention of Teen Suicide www.sptsusa.org