



Please print and return for *each* participant.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ (we will not disclose your e-mail to anyone)

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Number Relation

T-shirt size (please circle one):

Adult: S M L XL XXL

Youth: S M L

Registration Fees (please check one):

\_\_\_\_\_ \$25- day of the walk: t-shirt not included

\_\_\_\_\_ \$20- individual registration: t-shirt included

\_\_\_\_\_ \$15- 5 or more participants: includes t-shirts for each participant. Give this registration form and your fee to your team captain.

Please initial:

\_\_\_\_\_ I will be over the age of 18 on the day of the walk (if under 18 an adult must sign your waiver and attend with you).

\_\_\_\_\_ I understand that there are no refunds.

Registration form, waiver and registration fee are due by **September 20, 2008**.

Please make checks payable to: Parker College of Chiropractic (no cash or credit card payments accepted through mail)

Return **forms, payment and attached waiver** to:

Parker College of Chiropractic

Att: December Class of 2009- Walk for Wellness

2500 Walnut Hill Ln.

Dallas, TX 75229

We will e-mail you a confirmation number and a packet to bring with you the day of the walk

CITY OF IRVING  
GENERAL RELEASE OF LIABILITY FORM  
PLEASE READ CAREFULLY

I understand that the City of Irving, Texas, (hereinafter the "City") is a home rule municipality that sponsors a variety of activities. I also understand that Parker College of Chiropractic is a 501(c)(3) non-profit corporation that is sponsoring this activity. The activities, which I seek to participate in, involve the risk of injury or death. I agree that by participating in the City-related activity, I am responsible for my own safety and agree that I knowingly and voluntarily assume the risks involved in such activity.

In consideration of the City and Parker College permitting me to participate in the activities described herein, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, as follows: 1) I agree to waive, release, hold harmless, and discharge from any and all liability the City, Parker College, and their elected or appointed officials, officers, agents, representatives, employees, and volunteers, from and against any and all claims and damages of every kind, for my injury or death and for damage to or loss of property arising out of or attributed to the activities described herein, including but not limited to claims and damages arising in whole or in part from the negligence of the City, Parker College and their elected or appointed officials, officers, agents, representatives, employees, and volunteers. 2) I also agree to defend, indemnify, and hold harmless the City, Parker College and their elected or appointed officials, officers, agents, representatives, employees, and volunteers, from any and all liability, claims, actions, suits, judgment, damages, and costs arising out of or attributed to my participation in the activities described herein, including any injury or death and damage to or loss of property resulting there from. This Release shall bind executors, my administrators, heirs, next of kin, successors, assigns, and me.

I understand and acknowledge that the City is acting in reliance upon agreements made by me in this Release in order to extend to me the benefits of participation in the activities described herein and that, were I not willing to abide by the terms of this Release, such opportunity to participate in the activities described herein would not be extended to me. I further understand and acknowledge that the City is acting in reliance upon representations made by me in this Release, and were I not willing to abide by the terms of this Release, the City's permission to participate in the activities described herein would not be extended to me.

I understand that this Release is not a contract of employment, that I am not an employee of the City or Parker College, and that I will not be eligible for nor entitled to workers' compensation benefits or any other employee benefits from the City or Parker College.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)