



Wayne and Holmes Counties

May 18, 2019
Secret Arboretum, Wooster
Registration 8:30 AM
Walk begins 9:00 AM

Registration Form

Online registration is available at walkforwellness2019.eventbrite.com

I am walking as an Individual / Family Team Member Team Captain

Team Name (if applicable)

Your Name

Mailing Address/City/Zip

Phone Email

Registration & Waivers -

\$25.00 per person - children under 18 are free

Waiver and Release of Liability - I hereby waive all claims against NAMI Wayne and Holmes Counties, sponsors, staff and/or volunteers for any injury I might suffer in the Walk for Wellness. I attest that I am physically able to participate in this event.

Photo Release - NAMI Wayne and Holmes Counties is grateful for the participation from the Plain community. We strive to honor the desire to not have your picture taken. If an individual's face is accidentally photographed we will photo-shop that area out of the photograph.

Other than the agreement above, I agree to allow my image to be utilized in marketing programs for NAMI Wayne and Holmes Counties.

Parental Waiver - (For walkers under 18 years of age) I hereby waive all claims against NAMI Wayne and Holmes Counties, sponsors, staff and/or volunteers for any injury my child might suffer in the Walk for Wellness. I attest that my child is physically able to participate in this event.

Signature Date

Follow us on Facebook at https://www.facebook.com/events/939380362923335

Return this form with registration fee and donations to NAMI Wayne and Holmes Counties, 2525 Back Orrville Rd., Wooster, OH 44691. Avoid the rush the morning of the Walk! Mail or bring your donations early to NAMI, Monday - Friday, 11 am to 4:00 pm at 2525 Back Orrville Rd., Wooster, OH 44691

Questions? Call 330-264-1590 for more information or additional forms.

OFFICE USE ONLY: Date Rec'd Amount Rec'd Initials

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Can't attend, but want to support NAMI?
Complete this form and send with donation to:
NAMI Wayne and Holmes Counties, 2525 Back Orrville Rd, Wooster, OH 44691

Name

Mailing Address/City/Zip

Phone

Email

In Honor of (optional)

Please add me to your newsletter list to receive updates on programs and events.