

NJ Walks for TS

at Mendham

**Saturday,
November 23**

Registration begins

9 a.m.

Walk begins

10 a.m.

Registration cost
through October 31

\$22.50

Registration cost
after October 31

\$25

NEW JERSEY



WALKS FOR TS



OUR 4TH ANNUAL EVENT!

**AWARENESS ~ ACCEPTANCE
ACTION ~ ADVOCACY**

**Join us for a day of fun and empowerment
in support of the 1 in 100 kids
with Tourette Syndrome!**

Get involved!

- Start your own team or join one online today!
- Be a part of fundraising efforts!
- Join our volunteer squad!

**Proceeds will support the statewide education
outreach and peer advocacy programs of NJCTS**

**Register at
njcts.org**

**NJ Center for Tourette Syndrome
& Associated Disorders, Inc.**

*Collaborative Partnerships
for the Tourette Syndrome Community*

50 Division Street, Suite 205, Somerville, NJ 08876
908-575-7350 info@njcts.org www.njcts.org



NJ Walks for TS

at Mendham ~ November 23

CREDIT CARD PAYMENTS

Cardholder Name:

Billing Address:

Phone: _____

E-mail: _____

Card Type: _____

Card #: _____

Security Code: _____

Expiration: _____

Amount: \$ _____

Signature: _____

REGISTRATION/DONATION FORM

Name: _____

Address: _____

Phone: _____ E-mail: _____

Payment: Cash() Credit() Check() Amount: \$ _____

T-Shirt Size: Small() Medium () Large() X-Large()

Team (if applicable): _____

Signature (read waiver): _____

Special Accommodations Needed: _____

ACCIDENT WAIVER/LIABILITY RELEASE

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the event, THE FOLLOWING ENTITIES OR PERSONS: The New Jersey Center for Tourette Syndrome and Associated Disorders, Inc. ("NJCTS") and/or its directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of release or otherwise.

I acknowledge that NJCTS and its directors, officers, volunteers, representatives and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of NJCTS. I acknowledge that this activity or event might involve a test of a person's physical and mental limits and might carry with it the potential for death, serious injury and property loss. The risks may include — but are not limited to — those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including — but not limited to — participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which might be deemed advisable in the event of injury, accident and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holder producers, sponsors, organizers and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.