

NJ Walks for TS at Medford Lakes Sponsorships

NEW JERSEY



WALKS FOR TS

The NJ Center for Tourette Syndrome & Associated Disorders (NJCTS) is proud to announce the **1st annual NJ Walks for TS at Medford Lakes** which will take place on Sunday, September 20, 2015 at the beach parking lot in Medford Lakes Borough. The focus of this family fun run/walk event is to promote awareness, acceptance, action and advocacy of Tourette Syndrome.

NJ Walks for TS at Medford Lakes will support NJCTS **Education Outreach Programs** which deliver professional trainings to educators and healthcare providers, anti-bullying and youth leadership workshops as well as college scholarships for HS students diagnosed with TS. To help make this event a complete success, we are asking local businesses, corporations, organizations and individuals to participate in one of the following levels of sponsorship.

Sponsor Benefit	\$5,000 Title Sponsor	\$3,000 Presenting	\$2,500 Gold	\$1,500 Silver	\$1,000 Bronze	\$500 Supporter	\$250 Friend
Company name and logo on event website	■	■	■	■	■	■	■
Company name and logo on walk t-shirt	■	■	■	■	■	■	
Press release announcing Sponsorship	■	■	■	■	■		
Company name and logo on all promotional materials	■	■	■	■			
Company logo prominently featured and verbal recognition at event	■	■	■				
Display table at event	■	■					
Speaking opportunity at event	■						

**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



Sponsor



NJ Walks for TS at Medford Lakes Sponsorship Confirmation Form

NEW JERSEY



WALKS FOR TS

Yes! We will support the 2015 NJ Walks for TS at Medford Lakes by selecting the sponsorship opportunity below:

- | | | | |
|-------------------------------------|---------|------------------------------------|----------|
| <input type="checkbox"/> Title | \$5,000 | <input type="checkbox"/> Bronze | \$1,000 |
| <input type="checkbox"/> Presenting | \$3,000 | <input type="checkbox"/> Supporter | \$500 |
| <input type="checkbox"/> Gold | \$2,500 | <input type="checkbox"/> Friend | \$250 |
| <input type="checkbox"/> Silver | \$1,500 | <input type="checkbox"/> Donor | \$ _____ |

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Email Address: _____

For guaranteed inclusion of company name and logo on printed materials, please return form by August 31, 2015.

- Check enclosed (please make payable to NJCTS)
- Please charge my Discover Visa MasterCard

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Street Address (including zip code): _____

Cardholder's Signature: _____

Send or fax your completed form to:

**NJ Center for Tourette Syndrome
& Associated Disorders, Inc.**
50 Division Street, Suite 205, Somerville, NJ 08876
Phone: 908-575-7350
Fax: 908-575-8699



NJ Walks for TS

at Medford Lakes ~ Sept. 20, 2015

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 holders, 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.

NJ Walks for TS

at Medford Lakes

**Sunday,
Sept. 20, 2015**

This 5K walk and family fun run is a great way to stand up on behalf of those with Tourette Syndrome.

Invite friends and family to start your own team today.

Early Bird Registration
(through 8/31)
\$22.50

Registration
(beginning 9/1)
\$25.00

NEW JERSEY



WALKS FOR TS



**AWARENESS ~ ACCEPTANCE
ACTION ~ ADVOCACY**

**NJ Walks for TS at Medford Lakes
Sunday, Sept. 20th at 10 am
Medford Lakes Beach Parking Lot,
Rain or Shine
www.NJCTS.org**

Proceeds to benefit the NJCTS Education Outreach Program which delivers in-service workshops to schools and hospitals across the state, youth leadership training and scholarships. To learn more about NJCTS, Tourette Syndrome or its associated disorders visit www.njcts.org.

**Visit
www.njcts.org for
more info!**

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