

WALKER REGISTRATION

Walker's Last Name First Name Initial

Mailing Address Apt. / Unit / Space

City State Zip

Phone Number Birthdate Sex

Email

Team Name (if applicable)

Company Name (if using matching gift program)

Total Dollars Attached T-shirt Size (circle one per walker)
 , . Adult: S M L XL XXL
Child: S M L

CHOC Affiliation (if applicable)
 Guild

WAIVER

EACH PARTICIPANT MUST READ AND SIGN BELOW.

I am voluntarily participating in the CHOC/Disneyland® Resort Walk in the Park (the "Walk"), and do hereby personally assume all risks in connection with the Walk for any harm, injury, or damage that may befall me while I am such a participant, including all risks connected therewith, whether foreseen or unforeseen. I understand and agree that neither Walt Disney World Co. and/or Children's Hospital of Orange County, their divisions, subsidiaries, affiliated and related companies, nor any participating business, nor the municipalities through which the Walk may take place, and their directors, officers, agents, representatives, employees, predecessors, successors, and assigns (collectively "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in the Walk or as a result of the negligence of any party, including the Released Parties, whether passive or active. I also understand that I may be photographed and consent that my likeness may appear in future promotional materials related to the Walk without compensation. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGN IT ON BEHALF OF MYSELF AND MY HEIRS.

Walker's Signature

Guardian's Signature (if participant is under 18)

Date

FOR CHOC USE ONLY

Walker No. Total Received Verifier's Initial