Walk for Health Walk-a-thon
Caminata "Ponte en Forma"

This is an interactive form. It can be filled out on your computer. Save, attach to an email, and sent to: info@diversityfoundation.net

Presented by

National Puerto Rican Day Parade, Inc. and The Diversity Foundation

WALK-FOR-HEALTH REGISTRATION FORM

$10.00 Registration fee required, use the link at the bottom of the page

Participant's Name (Please Print): _____

Group Name Participating: _____

Parent/Guardian's Name (if participant is under 18): _____

Address_____

City_____ State_____ Zip_____ Phone _____

Email Address:_____

Gender (Please circle): Male Female **Date of Birth _____/_____/_____ Age _____**
MM DD YYYY

Please select which cause you will support:

- **Breast Cancer**
- **Childhood Obesity**

IMPORTANT ADVISORY, PLEASE READ CAREFULLY:

In consideration of this entry, I on behalf of myself, my heirs, devises, executors, administrators, and/or assigns, hereby release, discharge, indemnify hold harmless the National Puerto Rican Day Parade, Inc., Diversity Foundation, City of New York, Bronx Borough President's Office, the organizations/corporations sponsoring or coordinating this event, or their employees, representatives, or successors for any and all claims, damages or injuries I may suffer. I hereby grant permission for the free use of my name, image and likeness in any advertisement, broadcast, brochure or account of this event in any medium now known or used in the future throughout the universe in infinity. I understand participants are not permitted to utilize the following during the walk-a-thon: Baby Joggers, Bicycles, Animals, Inline Skating, and Radio Headsets.

☐ By checking this box, I am stating that I have read, understand, and agree with the above advisory.

☐ **PARTICIPANTS UNDER 18:** By checking this box, I state that I have my parents or guardian's permission to participate, and that they have read the advisory.

PAYMENT. BEFORE SENDING THE FORM, PLEASE TAKE A MOMENT TO PAY THE REGISTRATION FEE. CLICK THE LINK OR VISIT:
http://diversityfoundation.net/payments.html

VIA E-MAIL: Please fill out the information fields on your computer, save the form, and attach to an email message with the subject WALK-FOR-HEALTH to: info@diversityfoundation.net

VIA FAX: Please fax application to 212-243-1711

VIA MAIL: **Diversity Foundation Walk-For-Health**
1133 Broadway, Suite 1125
New York City, NY 10010

Click Here To Reset All Fields