

**HEALTHY  
MINDS**



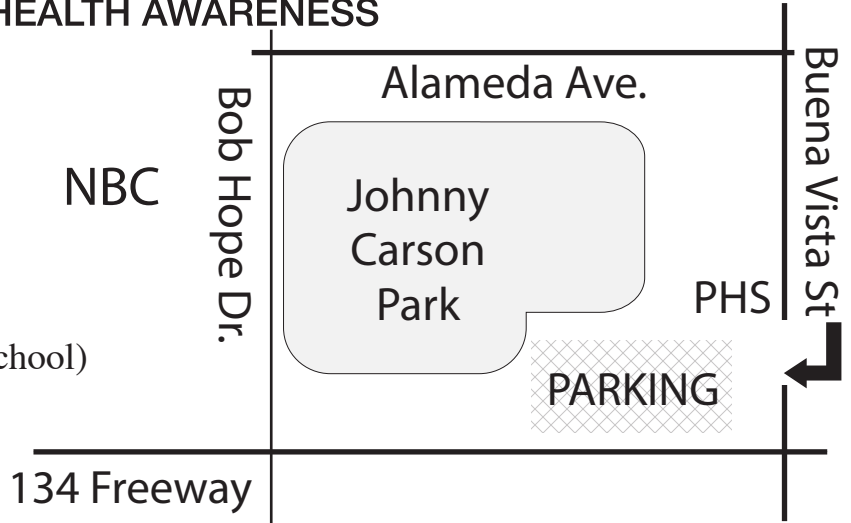
**HEALTHY  
COMMUNITY**

# CAREWALK 12

MENTAL HEALTH AWARENESS

**Parking & Directions:**

Street parking will be available at the event location, as well as a parking lot behind Providence High School (PHS) (entrance from Buena Vista Street through Providence High School)



OFFICIAL REGISTRATION FORM  
(Please Print)

Name of Participant : \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Entry Category (Circle) Adult Individual Senior Individual Youth Individual Adult Team Senior Team Youth Team

T-Shirt Size (Circle): S M L XL XXL

Payment Type (Circle): Cash Check VISA Mastercard

Visa/Mastercard #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Donation Only: \$ \_\_\_\_\_ Thank You!

Signature for Credit Card: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Registration Form to: Family Service Agency of Burbank, 2721 W. Burbank Blvd. Burbank, CA 91505



**CAREWALK 12**  
All Donations Are Tax Deductible

Please sign and date the waiver and complete the registration form above. Return this form along with your payment to the:

Family Service Agency of Burbank  
2721 W. Burbank Blvd.  
Burbank, CA 91505  
818-845-7671

**Waiver (Mandatory)**

You must sign the waiver to participate in Care Walk of Burbank 2019: I know that participating in the Care Walk of Burbank is a potentially hazardous activity. I should not enter and walk unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of walking in traffic. I also assume any and all other risks associated with walking this event including, but not limited to, falls, contact with other participants, the effects of the weather and the conditions of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else whom might claim on my behalf, covenant not to sue and waive and release and discharge any and all walk sponsors, walk officials, volunteers, local and state police including any and all of their agents, employees, assigns or anyone acting for or on their behalf from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned grants permission to sponsors and or agents authorized by them to use any photos, video tapes, motion pictures, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.

\_\_\_\_\_  
Signature of Individual Participant

\_\_\_\_\_  
Signature of Parent or guardian of minor participant

\_\_\_\_\_  
Date