## 2019 DOMESTIC VIOLENCE AWARENESS WALK AND EXPOREGISTRATION FORM

## ALL PARTICIPANTS ARE REQUIRED TO COMPLETE THIS FORM.

In order to ensure that participants receive a walk-a-thon T-Shirt, this form along with a minimum \$25 donation must be received by October 1, 2019. Participants who wish to receive an All-Star kit must turn in this form and a minimum \$55 donation. Please make all donations to **Safespace Foundation Inc.**, 16901 NE 19<sup>th</sup> Ave, North Miami Beach, FL 33162. For more information, please contact Renee Darden at (305) 948-2940.

PARTICIPANT/ WALKER INFORMATION				
Last Name, First Name				
Team Name				
Mailing Address	City	, S	State Zip	
Telephone #	Email Ad	dress		
A minimum \$25 donation is required to receive a walk-a-thon T-Shirt and a minimum \$55 donation is required to receive and All-Star kit.				
$\hfill \mbox{Yes}$ – I would like a commemorative D is enclosed.	omestic Violence	Awareness walk-a-th	on T-Shirt. My \$25 dona	tion
☐ Yes – I would like a commemorative game and an opportunity to shoot one \$55 donation is enclosed.		•		
□ No − I do not want to donate \$25 and will participate without receiving a commemorative Domestic Violence Awareness walk-a-thon gift.				
PLEASE CHECK ONE:				
□ I will participate as a team member. Please list team name				
$\ \square$ I will form a team and will be its captain. Please send me a fundraising packet so that I can start raising money. Please list team name $\_$				
$\Box$ I will participate as an individual at the event, not part of a team.				
$\ \square$ I will not be able to participate at the event, but want to raise funds for the great cause. Please send me a fundraising packet.				
T-SHIRT SIZE - PLEASE CHECK ONE:				
□ ADULT □ SMALL □ MEDIU	M 🗆 LARGE	□ EXTRA LARGE	□ EXTRA-EXTRA LARGI	Ξ
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I, the undersigned, agree to indemnify and hold tharmless from all cost, expense and liability arisi waive all claims for damage or loss to me or my City of North Miami Beach, North Miami Beach Policarising directly or indirectly from my or my child other liability from such event. Important: particing guardian.  Participant/Walker's Signature	ne City of North Mian ng out of my partici child's person or prop te Department and Sa s participation in this	pation in the Domestic Vio perty which may be caused afespace, as well as either c event; and I hereby assu	th Police Department and Safe lence Awareness Walk. I do h by any act, or failure to act t f their officers, agents or empl me liability for any loss, dama	ereby by the loyees age or

Date \_\_\_\_

Guardian's Signature (If participant/walker is under 18 years old)