

St. Vincent DePaul Mission of Waterbury
P.O. Box 1612; Waterbury, CT 06721

WALK & STAFF REGISTRATION FORM
THERE IS A DIFFERENT FORM FOR RUNNERS

Check one: Walk _____ Event Staff _____

Name: _____
(Please print clearly.)

Tee-shirt size: S M L XL XXL Age if under 18 _____

Team Name (if applicable): _____

Address: _____

City/town: _____ State: ____ ZIP _____

Phone Number with Area Code: _____

E-mail: _____

**Walk in their footsteps --
Race for awareness**
Sunday, October 24, 2021
The Elks Club
283 West Main St., Waterbury
Check-in: 12:00 noon
Walk Start: 1:00pm. Race Start: 1:30pm.

If you are also registering a husband/wife
and/or a family, list their names below with
shirt size and age if under 18.

Registration Fees	_____	Walkers: \$10 each; under 9, free
Additional Donation	_____	
Total Enclosed	_____	
Checks payable to St. Vincent DePaul Mission of Waterbury		

Return this form before October 15, 2021

Liability Waiver & Consent Statement

Walk in their Footsteps -- Race for awareness

I know that running or walking may be potentially hazardous to my health if I am not physically or medically fit. I should not enter to walk or run unless I am physically fit, medically able, and properly trained. I agree to abide by any decision of a race or event official relative to my ability to safely complete the run or walk for which I have entered. I hereby certify I am in good health, and I have trained to run or walk the distance required in this event. I assume all risks associated with walking or running in this event, all risks being known and appreciated by me.

Having read this waiver and knowing these facts and in considering my entry into this event, I, for myself and anyone entitled to act on my behalf waive and release the St. Vincent DePaul Mission of Waterbury, Inc., their officials, directors, agents, volunteers, employees, sponsors, and their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose.

MASKS ARE REQUIRED WHEN INSIDE ALL BUILDINGS.

All current public health guidelines will be strictly applied. Compliance is required by all participants.

Visit our website or contact us for updated information.

I and all members of my family named on this form have read and agree with the terms of the Liability Waiver & Consent Statement above. We agree to abide by the rules of the Event and comply with directions given by Event Leaders.

Note: There is a different form for Runners in the 5K Race.

Participant Signature: _____ Date: _____

Emergency contact: Name & Phone: _____

Parent/Guardian Signature if under age 18: _____

For information, call George (860-274-9310) or Edwin (203-754-0000) or Lorein (203-754-0000).

Thank You!

E-mail edwinr@svdpmmission.org. Visit our website at svdpmmission.org.