

Walk 'n' Roll

2025 Registration Form Friday, June 6, 2025

Name: _____ Receptionist Initials: _____

Team Name (if applicable): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Registration:

Individual: \$25

Family/Team: \$75

Payment: Cash Cheque (Please make cheques payable to Fairhaven Foundation)

Credit Card

Credit Card No: _____ Exp. Date: _____ Signature: _____

Family/Team Participants (maximum of 4):

Name: _____ Age (if under 18): _____

Name: _____ Age (if under 18): _____

Name: _____ Age (if under 18): _____

Release and Waiver of Liability

I acknowledge the intent of the Fairhaven Foundation 'Walk 'n' Roll' event and absolve and hold harmless the organization from and against any blame and liability to me/my family as a result of my participation in this event or any activities associated with it. I am aware and give consent to any photographer that will be taking pictures at the event and to the use of these photos in the media and/or to promote future events.

Signature of Participant

Date

Signature of Guardian if participant(s) is/are under 18

Date

For more information about Fairhaven Foundation, visit www.fairhavenlrc.com

Charitable Registration #86880 1945 RR0001

