



**for the
Center for Speech and Language Disorders**

September 28, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

T-Shirt Size (circle one) Youth: 10-12 (one size only)

Adult: Small Medium Large X-Large XX-Large (add \$5.00)

Pre-registration Fee: \$20.00

Total amount due: \$_____ (the t-shirt, except for X-Large, is included in the registration fee)

Make checks payable to CSLD. Or, pay by credit card:

Visa MasterCard Credit Card # _____

Expiration Date _____ Signature _____

WAIVER: In consideration of my participation in the 1st Annual Brianna & Friends Walk to Talk, I, for myself, my executors, administrators and assignees, do hereby release and discharge all walk organizers, sponsors, volunteers and benefactors of the 1st Annual Brianna & Friends Walk to Talk and the Center for Speech and Language Disorders, and hold and save them harmless for and against any and all actions, claims, liabilities, loss, damage, expense of whatever nature, including attorney fees, which may at any time be incurred by my preparation for aforesaid walk. I attest and verify my knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate in this event

Signature (if under 18, parent or guardian must sign)

A separate form must be completed by each walker.