NSTAR'S walk for Boston Children's Hospital

Registration Form – Please Fill Out Completely

Registration Fee
Adults: **$25**; Children 12 and under: **$5**
Make payment by credit card or check payable to Boston Children's Hospital

____ **Individual Registration** ____ **Joining a Team**
____ **Creating a Team** (Person creating the team will be team captain)

Team Name _____ **Hospital Department** _____

Walk Route (please check one):
☐ 7-mile walk ☐ 2-mile walk

My T-Shirt Size Is (please circle one):
Adult: S M L XL XXL

I walk to support the hospital's work in:
____ Heart Disorders ____ Cancer ____ Brain Disorder (ADHD, Autism, Epilepsy & more)
____ Orthopedics ____ Research ____ Other

Adult Walker (For a second adult please fill out a second form)
(Please do not use a Boston Children's Hospital Mailing Address)

Mr./Mrs./Ms. (circle one)

First Name _____ Middle Initial _____ Last Name _____

Preferred Mailing Address (circle home or business) _____

City _____ State _____ Zip _____

Phone (circle home or business) _____ Date of Birth___/___/___

Email _____

Child Walker

☐ I'll have children 12 and under walking with me

Child's Name _____ Birth Date ____/____/____ T-Shirt Size: YS YM YL

Child's Name _____ Birth Date ____/____/____ T-Shirt Size: YS YM YL

Child's Name _____ Birth Date ____/____/____ T-Shirt Size: YS YM YL

Your registration fee total = $_____ **Your donation total** = $_____

☐**Check** Check Amount Enclosed:$_____

☐**Visa** ☐**MasterCard** ☐**American Express** ☐**Discover**

Name as it appears on card _____

Credit Card Number _____

Expiration Date _____ Amount Charged*_____

Cardholder's Signature _____

---- You Must Sign Liability Agreement ----

Event Release and Waiver

Liability Agreement

Please enter me in NSTAR's Walk for Boston Children's Hospital. I assume all responsibility for all risk of damage or injury that may occur to me (and the minors with me) participating in this event. I hereby certify that I am physically fit and have sufficiently trained for participation in this event. I understand that in the course of participating in the event, photographs or videos may be taken of me and the minors participating with me. I grant permission for the use of my name or the name of the minors with me and/or image and information in any broadcast, print publication, web, social media, photography or video. I hereby authorize Boston Children's Hospital to make, reproduce, copy, sell, exhibit, publish, distribute, and otherwise use for publicity, fundraising, advertising, teaching purposes or any other lawful purpose such photographs or films. In consideration of being accepted as an entrant in this event, I hereby, for myself, my heirs, executors and administrators, release and discharge Boston Children's Hospital, Boston Children's Hospital Trust, DMSE Inc., cities and towns along the walk route and any and all sponsors from all claims, damages and rights of action, present or future, whether they are resulting from, arising out of, or incident to, my participation in this event. I expressly release Boston Children's Hospital from any liability for any violation of any personal or property rights relating to the use of my or my child's name, likeness or personal information that may arise out of the publication, duplication, broadcast or exhibition of the photographs and video. Furthermore, I assign all right, title and interest I may have in any such materials to Boston Children's Hospital, and expressly waive any approval rights I may have with respect to such materials. I understand that others, with or without the consent of Boston Children's Hospital, may use and/or reproduce such photographs and videos. This release shall take effect as a sealed instrument, and I hereby certify that I am at least eighteen (18) years of age. There is no time limit on the validity of this release nor is there any geographic limitation on where the photographs and videos materials may be distributed.

☐I have read and understand the liability agreement, and agree to the fundraising minimum goal of $200.

Participant's Signature _____

Please mail this form to:

Boston Children's Hospital Trust
NSTAR's Walk for Boston Children's Hospital
401 Park Drive, Suite 602
Boston, MA 02215

Or Fax this form to:

Boston Children's Hospital Trust
NSTAR's Walk for Boston Children's Hospital
617-355-6530