18th ANNUAL "SOLE SUPPORT FOR PARKINSON'S" FUN WALK

Port Orange Lakeside Community Ctr. – Saturday March 20th, 2027 - 10:00am-2pm
****Registration Begins at 9:00am**

-REGISTRATION FORM-

IMPORTANT: This registration form must be filled out in its entirety, signed, and **mailed with your $25.00 check made payable to the Parkinson Association of Daytona to P.O. Box 4193 Ormond Beach, FL 32175.** ***For children 12 & under the registration fee is $15.00.*** For all registrants less than 18 years of age, a parent or responsible adult must designate as a minor child by checking here: _____ and fill out this form in the minor's name and sign on behalf of the minor child. If you'd prefer ***TO REGISTER and PAY ONLINE – visit our website at www.parkinsondaytona.org – hover the Programs & Events tab, click on Fun Walk in the drop-down box.***

PLEASE PRINT CLEARLY:

Last Name:_____ First Name:_____

Address/City/State/Zip: _____

Phone: (_____)_____ Email Address:_____

Age (if U-18):_____ T-Shirt Size: (circle one) S M L XL XXL

*****All registrants – MUST CHECK IN AT THE REGISTRATION TABLE PRIOR TO THE WALK – at check in you will receive a ticket for door prize drawings.***

Participation Release (PR)

By registering to participate in the Parkinson Fun Walk 2027 (event); I understand and agree, that participating in this event may involve risk of personal injury which may result from not only my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event is taking place, and or the parameters associated with the event itself. Being in full knowledge to the foregoing, I hereby release, indemnify, and hold harmless the City of Port Orange, the Parkinson Association of Greater Daytona Beach (PAGDB), and all individuals, agents, employees, volunteers, representatives, officers, directors, and insurance companies associated with the PAGDB, of and from any and all liability, claims, demands or causes of action whatsoever arising out of or related to any loss, damage, injury (up to and including death) that may be sustained by me or my property while participating in this event. I further agree that by participating in this event, if I suffer any injury or illness, I authorize the event facilitators to use their discretion to have me transported to a medical facility for treatment, and I assume full responsibility for this action. By signing below, I attest that I have read, understand, and agree to the entire content of this PR, that I am in good physical condition and have no medical condition that would be detrimental to my health or wellbeing by participating in this event. Further, I hereby grant full permission to the PAGDB to use photos, videos, and any other record of me during this event for any purpose, and for which I agree to receive no compensation whatsoever in return. This PR shall be binding upon me, my heirs, my executors, legal representatives, and my assigns. This PR is construed to the laws of the state of Florida**. I agree that I am participating in this event at my own risk.**

_____ _____

Signature of Registrant or Parent/Responsible Adult Date

_____ **X** here **if you cannot participate** in the Parkinson's Fun Walk 2027 **but would like to help support our cause;** all donations are gratefully accepted and much appreciated! Please make checks payable to the Parkinson Association of Daytona and mail to P.O. Box 4193 Ormond Beach, FL 32175.
Thank You!

The Fun Walk Will Take Place Rain or Shine!

FW/2027