



The Child Advocacy Center will celebrate Child Abuse Prevention Month with the **"Hometown Heroes Walk for Children"** on Friday, April 26, 2019 at Murfreesboro Civic Plaza, downtown on the square. Check in at the registration table on Friday, April 26 from 11:00-11:45 a.m. The opening ceremony is at 11:45 a.m. and the Walk will begin at 12:00 p.m. The event will conclude with a reception at the Child Advocacy Center, located at 1040 Samsonite Blvd. Each participant must complete and sign this form agreeing to the waiver described below. Please complete one registration form per person including children.

**PARKING:** Complimentary shuttles to Civic Plaza will leave the Child Advocacy Center between 10:30 and 11:00 a.m.  
**No transportation will be provided after 11:00 a.m.**

**PLEASE PRINT:**

Title: Mr. Ms. Mrs. Dr. (Please circle)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_ I am going to Walk. I understand it is free to participate. Below is my signed waiver

\_\_\_\_\_ I am walking with the following team: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase a Hometown Heroes Walk T-shirt  
(Circle one size) Adult T-shirt size: (S, M, L, XL, 2X, 3X)

\_\_\_\_\_ I want to support the Walk, enclosed is my contribution of \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500  
\_\_\_ Other (Please specify the amount) \$ \_\_\_\_\_

**Waiver – MUST BE SIGNED TO PARTICIPATE IN THE WALK**

I know that participating in the "Hometown Heroes Walk" is a potentially hazardous activity. I should not enter and participate unless I am medically able, properly attired, and otherwise prepared. I assume all risks associated with participating in "Hometown Heroes Walk," including, but not limited to falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and conditions of the road, with all such risks being known and appreciated by me. I understand that event officials may terminate my participation in the Walk at any time, for any reason, and I agree to abide by all decisions of event officials. Having read this waiver and knowing these facts and in consideration of your accepting my entry form, I, for myself and anyone entitled to act in my behalf, waive and release any and all persons and entities connected with the "Hometown Heroes Walk," including event officials, volunteers and all sponsors, their representatives and successors, from all claims of 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 named in this Waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I hereby certify that I am at least 18 years of age or that I am under 18 my parent or legal guardian has signed this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If a participant is under age 18, this is to certify that my son/daughter has my permission to compete in "Hometown Heroes Walk for Children" and is in good physical condition, that I have read and I consent to the terms of the above waiver, and that walk officials have my permission to authorize emergency treatment if necessary.

Signature of parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18 years of age)

**Please make checks payable to: Child Advocacy Center**

**Mail check and registration form:** Child Advocacy Center, 1040 Samsonite Blvd., Murfreesboro, TN 37129

**Email or Fax Registration Form:** [jwauchek@cacrutherford.org](mailto:jwauchek@cacrutherford.org) or (615) 867-9585.

**For questions, call the Child Advocacy Center at (615) 867-9000**