

REGISTRATION FORM

See A New Sun Foundation Inc. Dedicated to Suicide Prevention



See A New Sun Foundation

www.4SANS.org

< 3 MILE WALK FOR SUICIDE PREVENTION

Thank you for participating in the annual SANS Suicide Prevention Walk!

Please fill out the registration form below.

Registration fee: \$20.00

Date of Walk: 9/7/19

Location of Walk: Fay Park, Littleton, MA

Name: _____

Part of a team? Yes/No Team Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Yes	<input checked="" type="checkbox"/>	No
-----	-------------------------------------	----

Phone _____ Email: _____

Registration fee: \$20.00 paid

Walk Release Form

signed

Yes	<input checked="" type="checkbox"/>	No
-----	-------------------------------------	----

See A New Sun Foundation Inc.



Annual Walk for Suicide Prevention

Waiver and Release of Liability

I understand that I am voluntarily participating in the See A New Sun Foundation Walk at my own risk and my own request. I hereby waive all claims against the See A New Sun Foundation, sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of the See A New Sun Foundation.

X _____ Date _____

Participant Signature | Parent or Guardian if under 18