**REGISTRATION FORM**

See A New Sun Foundation Inc. Dedicated to Suicide Prevention



# < 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: 9/8/18**

**Location of Walk: Fay Park, Littleton, MA**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part of a team?** Yes/No **Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration fee: $20.00 paid**

**Walk Release Form signed**

Yes

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