

# Family Walk Registration

When you come to the walk be sure to bring this form to be entered into the **prize drawings**. There is no registration fee to walk, but we do request that walkers obtain donations/pledges from supporters. Bring your pledge form and the money you have collected to the registration tables. All checks should be made payable to: **UMB Fdt-Ctr for Celiac Research**.

*\*Signature Required (at bottom of form). Registration is not valid without a signature acknowledging the waiver.*

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Child

\_\_\_\_\_  
Child

\_\_\_\_\_  
Child

\_\_\_\_\_  
Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Disclaimer:** I, the undersigned, agree to indemnify and hold harmless Holy Family Catholic High School, City of Victoria, R.O.C.K. (Raising our Celiac Kids), the Northland Celiac Support Group, and UMB Foundation Center for Celiac Research, and the authorized volunteers from and against all claims, damages, losses and expenses, including attorney fees, arising out of the permitted activity or event, if such claim 1) is attributable to personal injury, bodily injury, disease or death, or injury to, or destruction of property, including the loss of use there from and 2) is not caused by the negligent act, or omission, or willful misconduct of Holy Family Catholic High School, City of Victoria, R.O.C.K. (Raising our Celiac Kids), the Northland Celiac Support Group, UMB Foundation Center for Celiac Research, and the authorized volunteers. **An adult must accompany all children under the age of 12.** A parent or legal guardian must sign if applicant is under 18 years of age.

\*

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

**YES! Contact me about volunteering for this event next year.**  
Please include your contact information above.

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