

March On for Brain Injury

Rochester Walk Registration, September 12, 2015



**BRAIN INJURY
ASSOCIATION**
OF NEW YORK STATE

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address <i>*receipts are sent via email</i>	
County	

Registration Information

I would like to register as an individual.

I would like to join a team. Team Name: _____

- | | |
|--|-----------------|
| <input type="checkbox"/> Adult registration | \$30 in advance |
| <input type="checkbox"/> Adult registration | \$35 Event Day |
| <input type="checkbox"/> Youth/ages 4 through 18 | \$20 |
| <input type="checkbox"/> Kids 3 and under | FREE |

T-shirt size (circle one): S M L XL XXL

Please add an additional donation of: \$ _____

I am unable to register, but I would like to donate. \$ _____

TOTAL AMOUNT \$ _____

Apply my donation towards the fundraising efforts of:
(list individual **OR** team name)

Check Enclosed

Pay with credit card

Card # _____
Exp Date _____ CVS _____
Signature: _____

Makes checks payable to Brain Injury Association

Mail to: 10 Colvin Ave, Albany NY 12206

A copy of the Brain Injury Association of New York State's latest annual report may be obtained, upon request, from BIANYS (10 Colvin Ave, Albany, NY 12206) or from the New York State Attorney General's Charities Bureau (120 Broadway, 3rd Floor, New York, NY 10271).

Agreement and Signature

By signing below, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless Brain Injury Association of NY State, the sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns, singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may arise out of the negligence or carelessness on the part of any person named in this waiver. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in Brain Injury Association of NY State. I also hereby give permission to Brain Injury Association of NY State to use my name or image by way of a photograph, video or audio format taken of me during the event in any promotional materials, publications or any other electronic media in addition to disclosing my name on Brain Injury Association of NY State's Web site, which includes online pledging. Brain Injury Association of NY State reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

Signature: _____

Date: _____