

**Crossroads Autism Network's 5<sup>th</sup> Annual Walk at the Park  
Participant, Volunteer, Registration and Waiver & Photo Release Form**

**\*\*All participants, teams, resource booths and volunteers must complete one of these forms.**

Participant Name (s): \_\_\_\_\_

Team Name: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**Members List**

+Everyone that is going to be attending with your team/group/booth **MUST** be listed!

**+ALL MUST BE LISTED, and form must be signed for entire team's participation.**

+If you need more room, please write on back.

**Adults**

**Children**

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

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

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

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

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

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

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

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

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

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

**Waiver & Photo Release Form**

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above participant name, child(ren) named hereby give consent of participation in Crossroads Autism Network's 5<sup>th</sup> Annual Walk at the Park event for Autism Awareness with to the participation of the child in all events including pictures related to said activities.

You the parent/guardian agrees to supervise your child(ren) at all times. The undersigned and his/her family and hereby forever release, acquit, discharge and holds harmless Crossroads Autism Network, and Ted B. Reed Park, City of Victoria Parks & Recreation Department as well as its officers, governors, staff, agents, instructors, volunteers, contributors, and any property affiliated with, Crossroads Autism Network, Ted B. Reed Park, City of Victoria Parks & Recreation Department of and from any and all liabilities, claims, any loss, damage, illness, injury or death that may be sustained by any or each of the undersigned while in or upon the premises of Ted B. Reed Park while participating in the Crossroads Autism Network's 5<sup>th</sup> Annual Walk at the Park event or while en route to or from these premises.

\_\_\_\_\_  
Parent Signature (if under 18 years' old)      Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Printed Name

**Registrations will be available the day of the event.**

Office Use Only: # \_\_\_\_\_, Log \_\_\_\_\_, Tax \_\_\_\_\_