**CT Brain Injury Support Network**

**Walk and Roll for Awareness Sunday June 14, 2015 @ 1pm**

**Riverview Marketplace Pavilion, 18 Kennedy Drive, Putnam, CT**

**Team Member Registration and Waiver Form** (Required for each Person Participating in Event)

PLEASE **PRINT** ALL INFORMATION CLEARLY

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (If under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Employer Match Donations? Yes/No Employer Name (if yes)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name or Team Captain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM A TBI SURVIVOR -** ❏ **Yes** ❏ **No**

**Team Fundraising Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minimum of $100 per team ($1,000 TEAM GOAL IS SUGGESTED)**

**My Individual Goal, in addition to $20 per team member registration fee is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE HELP BRAIN INJURY SURVIVORS AND FAMILIES THROUGH YOUR FUNDRAISING! Membership and Services Provided by CT Brain Injury Support Network (CTBISN) are ALWAYS free.

**Team member - $20 Registration Fee.**

**Payment**

❏ Pay now- cash, check or credit card.

Credit card - **CTBISN.org and click “Donate” button or call CTBISN @860-655-4688.**

❏ Mail in payment – **CTBISN, 28 Lake Rd, Columbia CT 06237**

❏ Pay Later - Cash, Check or Credit Card - Additional donations can sent in and/or brought to the event.

Registration form can be faxed to: CTBISN@ 860-812-2171 or scanned and emailed to CTBISN@live.com

**WAIVER**

As a participant in Walk, Roll, Paddle for Awareness I, for myself, my executor, administrators, and assigns, do hereby release and discharge the Connecticut Brain Injury Support Network, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

**Participant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Signature of parent or legal guardian if child is under 18)

Questions? Call CT Brain Injury Support Network - 860-655-4688