

Fruit/Water/Muffins will be available throughout the course

T-Shirt Size: S _____ M ____ L ____ XL ____

Pre-Register or for information contact us at (209) 851-3458 or kdeol@nochildabuse.org

In consideration of accepting this entry, I hereby waive and release any and all rights and claims for damages my child or I may accrue against the Child Abuse Prevention Council of San Joaquin County, the San Joaquin County Behavioral Health Services department or the City of Stockton, for any and all injuries suffered by myself or my child while participating in this activity. I understand that injuries may include, but are not limited to, broken bones, concussions, injuries to joints, spinal injuries, broken teeth, loss of vision, injury to internal organs, exposure to weather conditions, and problems caused by physical stress.

I understand that by signing this form, I authorize a media release of my images and/or recordings that are captured by photograph and/or videotape by the Child Abuse Prevention Council before, during or after the Walk 4 Life to be used without consideratio for, but not limited to, the following: staff training, public education, advertising and publicity.

Print Name:	
Email:	
Phone Number:	
Signature and Date:	
(Optional): Please list who you are walking in memory of:	
Please return this form to:	Child Abuse Prevention Council C/O Karanbir Deol PO Box 1257 Stockton, CA 95202

