

Walk Registration Form

2014 Red Heels Against Sexual Assault

**Red Heels**

**Against**

**Sexual**

**Assault**

Please print clearly and complete all items. Please use separate forms for each participant.

Shoe Size (men): \_\_\_\_\_\_\_\_\_\_

*High heels will be provided for first 30 male participants to register for walk subject to availability of sizes. All are encouraged to bring their own red high heels, if possible.*

Shirt Size: S\_\_ M\_\_ L\_\_ XL \_\_

*Free T-shirts will be provided for first 100 participants to register for walk subject to availability of sizes.*

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

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Z-number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on day of walk:\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS

ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of participating in the “Red Heels Against Sexual Assault” on April 15, 2014 in Boca Raton, Florida hosted by Office of Health and Wellness Education of Florida Atlantic University (the “Activity”), I hereby agree as follows:

I, \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, the Florida Atlantic University Board of Trustees, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the “Releasees”), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Activity, whether caused by the negligence of Releasees or otherwise.

I fully understand that there are potential risks and hazards associated with the Activity, including, but not limited to, possible injury or loss of life. I further understand that while participating in the Activity, I will be interacting with persons, places or objects that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Activity, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Activity and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any act or omission on my part during my participation in the Activity.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Dated this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Parent/Guardian’s Signature

(I certify that I am 18 years of age or older) (If Participant is under 18 years of age)