

St. Catherine of Siena School



Walkathon

Friday, October 26, 2018 - 12:30 - 2:00 pm

THIS FORM IS DUE BY Monday, September 24th.

Participant Registration Information

Name: _____

Address: _____

City, St, Zip: _____

Waiver: In consideration of my being permitted to participate in the Walkathon at St. Catherine of Siena, Trumbull, I hereby express waive and release, on behalf of myself, my heirs and assigns, any and all rights, claims, and actions against St Catherine of Siena and the Diocese of Bridgeport, their officers, employees, volunteers or agents and any other person connected with the Walkathon for St. Catherine of Siena School for any injuries and damages whatsoever which I may have arising out of, connected with or resulting from my participation in this Walkathon. I attest that I am physically fit and fully prepared for this event.

Participants under the age of 18 must have this application signed by parent or guardian.

X _____
Signature of Participant

X _____
Signature of Parent or Guardian

Student's name: _____

Grade: _____

Please circle child's T-shirt size:

Child: S M L XL **Adult sizes:** S M L XL