2012 Show Your Class 5K Walk

Adult Name (Parent or Guardian): _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Emerg Phone_____

How did you hear about this Walk?								
___Gateway	__Friend or Word of Mouth	__Returning Participant	__www.gahanna.gov	__School Flyer	__Newspaper	___City Entry Way Signboard	__Facebook/ Twitter	__Other

Name of Person Walking	Birth Date	M/F	Program #	Shirt Size

*If paying with check, make checks payable to City of Gahanna

Please bill my credit card : _____

MC VISA DISC AMEX Name Account Number Exp.

For and in consideration of the opportunity to participate in the above described Gahanna Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

_____ _____

Participant Signature (Parent/Guardian if participant is under 18) Date