

Northwest Family Services
Individual Registration Form (One per person)
13th Annual Discover Pink Walk @ Oregon State Capitol
Saturday, October 14, 2017 10:00 am-12 Noon



Register online at www.nwfs.org or fill this form out and return with payment. One registration per person. Children under age 12 may walk free, but still must register and have release signed by parent/guardian. If interested in registering as a group of 5 adults or more, please use the Team Registration form. "Day of Walk" entries available at 9 am on 10/14/17. You may also use this form if you are not walking, but would like to make a contribution toward Discover Pink Walk and the Women's Health Program to support underserved women of Marion and Polk Counties.

First Name _____ M.I. _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email address _____

Child's age, if 12 or under: (Parent must sign release below) _____ Are you a breast cancer survivor? _____

2017 Discover Pink Walk T-Shirts may be purchased for \$10 each. They are pre-shrunk and 100% Heavy Cotton and are available in the following unisex sizes:

Adult Sizes S-3X
 Youth Sizes XS-XL

Quantity _____ Size _____
 Quantity _____ Size _____

(T-shirts not included with registration.)

T-shirt orders must be received by 9/20/17.

Registration Fee \$15.00
plus T-Shirt Order \$ _____
Total Due \$ _____

Please mail payment with registration. Make checks payable and send to Northwest Family Services, 6200 SE King Rd, Portland, OR 97220. Credit Card payments can be mailed, faxed or emailed. FAX# 503-362-0109 Email: discoverpink@nwfs.org

 Name on Card

 Credit Card Number

 Exp Date

 Billing Zip Code

 Security Code

Northwest Family Services Discover Pink Walk Consent and Release

In order for me to take part in the programs of Northwest Family Services of Portland, Oregon, I hereby release Northwest Family Services, its employees, interns, and Board of Directors of all liability and claims of whatever kind or nature (including but not limited to, injuries, and death) arising out of or resulting from my participation in activities hosted by Northwest Family Services. In case of emergency, I understand every effort will be made to help me. In the event that I'm unconscious, I hereby give my permission to the licensed health care practitioner selected by the person in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Further, I will be solely responsible for the payment of those services. I also hereby consent to the use of my image for educational programs, publicity, and non-commercial non-profit public service announcement purposes. The photographic portraits, pictures, videos, or audio-tapes of me may be included, in whole or in part of composite or distorted in character or form, may be used without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name, or reproductions thereof; in color or otherwise made through any media for the promotion and educational purposes of NWFS. The photos, videos, or audio-tapes will not be used in a manner which is degrading, libelous, unlawful, profane, obscene, pornographic, or tend to ridicule. I hereby waive any right I may have to inspect or approve the finished product or products or advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge, and agree to hold harmless Northwest Family Services from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the taking of pictures, videotape, or audiotape, or in any subsequent processing thereof, as well as any publication.

I have read the above authorization, release and agreement, and I am fully familiar with the contents thereof. Both the participant's signature and the parent/guardian is needed if participant is under age 18.

Signature: _____

Date: _____