



# WALK A MILE WITH A CHILD



This walk kicks-off the National Medical Association's Annual Convention and is a celebration of good health and physical activity.

## RACE INFORMATION

Date: Saturday, August 11, 2018

Location: Grace Bible Church of Central Florida, 801 Dorscher Road, Orlando, FL

Race Format: 1 Mile Walk

Times: 7:30–8:00 am - Registration/Check In  
 8:00 am–Welcome & Warm Up Exercises  
 8:30 am–Walk Starts  
 9:00 am–12:30 noon Health Festival & Mentoring the Pipeline in Medicine

Cost: **FREE**

Rain Plans: Inside the Lewis Katz School of Medicine at Temple University

## YOUR INFORMATION

First Name	Middle Initial	Last Name
<hr/>		
Address		
<hr/>		
City	State	ZIP
<hr/>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age (on 8/10/18)	Date of Birth
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Phone	E-mail	
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## QUESTIONS OR CONCERNS?

Please fax or email in your Registration Form.

Phone: Yolanda Fleming 800-NMA-0554, ext. 308

Fax: 301-495-0359 Email: YFleming@NMAnet.org or 2018walkamile@gmail.com

## WAIVER OF LIABILITY

In consideration of being permitted to participate in Walk a Mile with a Child's walk, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against the National Medical Association, and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Grace Bible Church of Central Florida, Central Florida Medical Society, and any and all partners, sponsors, their representatives and successors, that may arise as a result of my participation in Walk a Mile with a Child's walk, including any and all claims for personal injuries caused by the National Medical Association's negligence. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment. The above has been read by all participants and by signing this registration form I understand and agree with all of the terms of the waiver statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against the National Medical Association and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Grace Bible Church of Central Florida, Central Florida Medical Society, and any and all partners, sponsors, their representatives and successors, by reason of my child's participation in said program, including any and all claims for personal injuries caused by the National Medical Association's negligence. In addition, I accept full responsibility for the care and supervision of my child during the above-described walk.

Signature Parent/Guardian if under 18 years) \_\_\_\_\_ Date \_\_\_\_\_