



NATIONAL FEDERATION  
OF THE BLIND  
ALABAMA

Serves Birmingham, Huntsville, Jasper, Mobile, Montgomery, Talladega, Tuscaloosa and surrounding areas

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## Transforming Dreams into Reality Walkathon Registration Form

**Saturday, October 12, 2019 - 10:00 AM until 2:00 PM - Ida Bell Young Park**

A form must be completed for each attendee; however, multiple attendees can be paid with one check/money order. If you prefer, you may fill out this form/register online at:

<https://walk.pixelthin.com>

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Name of affiliation of Club or Team (if applicable): \_\_\_\_\_

Check or circle a shirt size below:

*Please note: t-shirts will not be offered if this form is turned in after the deadline of September 20, 2019.*

Adult sizes: Small  Medium  Large  XL  XXL  3XL  4XL  5XL

Youth sizes: Small  Medium  Large  XL

Adult (19 and older) \$25

Youth (6-18) \$20

Kids (5 & under) Free

Enclosed is my check/money order payable to **NFB of Alabama** for: \$ \_\_\_\_\_

**Mail registration form and checks/money order to:**

NFB of Alabama  
Larry Povinelli  
121 Cork Alley  
Madison, AL 35758

For questions or assistance contact Tamika Williams, Fundraising Chair

Email: [nfba.portcitychapter@gmail.com](mailto:nfba.portcitychapter@gmail.com) Phone: (251) 605-7882

# Waiver

If you are under the age of 18, your parent/legal guardian must sign.

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and walk unless I am medically able, and by my signature I certify that I am medically able to perform this event, am in good health and am properly trained. I agree to abide by any decision of an event official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risk associated with running or walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I also allow my image, story or those of my minor children to be used in marketing this event.

I will abide by these guidelines having read this waiver and knowing these facts and in consideration of the acceptance of my entry. I, for myself and anyone entitled to act on my behalf, waive and release the National Federation of the Blind of Alabama and its trustees, officers, agents, servants and employees, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_