10th Annual Lewy Body Dementia Awareness Walk Sunday, September 24, 2023, 10:00 AM Warwick Township Community Park 1733 Township Greene, Jamison, PA 18929 Presented by Warwick Township Parks and Recreation

The walk benefits the Lewy Body Dementia Association. Lewy Body Dementia (LBD) is often misdiagnosed and affects over 1.4 million Americans and their families. The goal of this 5K walk is to raise funds and awareness for a great cause!

Strollers and pets will be permitted / Registration opens at 9:00 AM / NO REFUNDS – Walk held rain or shine.

\$25 Registration fee includes: participant bag and t-shirt (Registration by September 12th guarantees a shirt)

* \$30 day of the walk

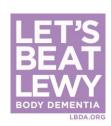
Children under 12 are free!

REGISTER ONLINE WITH A CREDIT CARD: www.warwickrec.com



Make Check or Money Order Payable to: Warwick Township Attention: Parks and Recreation 1733 Township Greene Jamison, PA 18929

OR



Any questions about the walk or sponsorship opportunities, please contact Tina Christie at tina.christie@comcast.net or 215-932-9645.

Please detach here and send in bottom portion with check.								
Name(s):		DOB	Age	Sex: M or F				
Phone:	_ Email:			(will send you a receipt via email)				
Address:				T-shirt size: S M L XL XXL				
Number of Walkers:	\$25 per Walker	Amount Enclosed: \$						
How did you hear about the walk?								

The undersigned participant and his/her guardian, in consideration for the Township of Warwick, through its Department of Parks and Recreation providing facilities, instruction, transportation and/or supervision in the activity for which he/she has registered does hereby:

- 1. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injuries.
- 2. Request permission to participate in the activity with the full knowledge that said activity could result in damage or injury to me.
- 3. I will furnish a certified birth certificate or proof of birth of the above names upon request by the Department of Parks and Recreation.
- 4. Agree to release, indemnify and hold harmless the Township of Warwick, its officers, agents, employees, and assigns from liability for personal injury or property damage, including negligence, resulting from my participation in said activity.
- 5. In addition, I give permission to have physician and/or emergency medical personnel treat or transport.
- 6. I agree that my child is medically able to participate.
- 7. I agree that my photo may be taken and used in publications produced by Warwick Township or Lewy Body Dementia Association.

Participant Signature			Г	Date	
(Or Parent/Guardian it	f participant is under 18	years old) Re	gistration is in	valid without sig	gnature.

^{**}The health and safety of our participants, staff and volunteers is our priority. Staying healthy and mitigating the risk of contracting COVID-19 will require your help. Please protect yourself and exercise social responsibility. We continue to review COVID restrictions.