4th Annual Lewy Body Dementia Awareness Walk
Presented by Warwick Township Parks and Recreation

Our event is scheduled for Sunday, September 24, 2017 10:00 AM. The walk will be held at the Warwick Township Community Park (1733 Township Greene, Jamison). 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.

Walker - $25 Registration Fee (walk registration, goodie bag AND a t-shirt) - $30 day of the walk
Children under 12 are Free!

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

OR

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

Don't feel like walking but still want to support this great cause, you can make a donation at www.everydayhero.com and search for 4th Annual Lewy Body Dementia Awareness Walk.
Any questions, 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_____Date_____
(Or Parent/Guardian if participant is under 18 years old) Registration is invalid without signature.