

WALK STEADY FOR ROCK STEADY

September 24th, 2022 9:00-11:00 a.m.



WALK IN SUPPORT OF ROCK STEADY BOXING BLUFFTON & HELP US CONTINUE TO

FIGHT BACK AGAINST PARKINSON'S DISEASE!

Check in and Start between 9-10 am. You pick the distance! .5, 1, 1.5, or 2 miles.

Must be done by 11:00 am.

Event starts/ends at 128 E. Market St. Bluffton, IN (Bluffton City Gym)

----- WALK STEADY FOR PARKINSON'S (PLEASE PRINT) -----

NAME: _____

EMAIL: _____ PHONE: _____

\$25.00 Walk Registration T-SHIRT SIZE (circle one): S M L XL 2XL

Optional: You also have the opportunity to raise additional funds or sponsorships to benefit Rock Steady, and earn some cool Rock Steady swag! Use the attached form to track your sponsors and turn it all in at the walk.

\$100 Corner Man Level (Rock Steady cinch sack), **\$250 Speedbag Level** (Rock Steady water bottle)

\$500 Heavy bag Level (Rock Steady sweatshirt), **\$1000 Golden Glove Level** (Rock Steady duffle)

Make checks payable to Bluffton Parks Department, 128 E Market St. Bluffton, IN 46714

WAIVER AND RELEASE OF LIABILITY I acknowledge that the age listed on my registration form is correct and accurate. I acknowledge that this athletic event is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of athletes, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and producers of the event. I hereby assume all of the risks of participating in this event. I acknowledge that this Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of this event and that it will govern my actions and responsibilities in connection with this event. In consideration of my application and for permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) **I HEREBY WAIVE, RELEASE AND DISCHARGE** the City of Bluffton, Indiana, the Mayor of Bluffton, the Common Council of the City of Bluffton, the Bluffton Board of Public Works and Safety, the Department of Parks and Recreation of the City of Bluffton, the members of the Board of Parks and Recreation for the City of Bluffton, the event holders, the event sponsors, and any agents, successors, assigns or employees of any of the foregoing (hereinafter collectively "the Releasees") from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, whether or not attributable to the negligence of the Releasees, which arise out of or are in any way related to my participation in this event or traveling to and from this event. (B) **I HEREBY INDEMNIFY AND HOLD HARMLESS** the Releasees from all liabilities or claims made by other individuals or entities as a result of any of my actions during this event and/or arising out of my travels to and from this event. I hereby consent to receive medical treatment. I understand that I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders. I understand that fees are not refundable. In the unlikely occurrence that this event is cancelled due to extreme weather or dangerous circumstance, your fee will be used as a donation to the Bluffton Parks Department.

Signature _____ Printed Name _____ Date _____

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OPTIONAL SPONSORSHIP FORM

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\$500 Heavy bag Level (Rock Steady sweatshirt), **\$1000 Golden Glove Level** (Rock Steady duffle)

YOUR NAME: _____

1. Name _____ Amount _____

Contact _____

2. Name _____ Amount _____

Contact _____

3. Name _____ Amount _____

Contact _____

4. Name _____ Amount _____

Contact _____

5. Name _____ Amount _____

Contact _____

6. Name _____ Amount _____

Contact _____

7. Name _____ Amount _____

Contact _____

8. Name _____ Amount _____

Contact _____

TOTAL RAISED _____