



Registration Form / Donation Form

Registration Form (also available online)

Please submit a separate form for each participant. Photocopies are acceptable.

Please indicate: [] Mr. [] Mrs. [] Ms. [] Miss [] Mister. [] Dr.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

Registration Fees:

[] \$20.00 Walkers (13 years and older - each individual will receive a t-shirt).

[] \$15.00 Children (12 years and under - each individual will receive a t-shirt).

[] \$20.00 Virtual Walker

If you would like to support the 2nd Annual Walk the Walk to Stop Bullying in RI, but are unable to attend.

You can be a virtual walker (each virtual walker will receive a t-shirt).

[] Volunteer Only (no charge - each volunteer will receive a t-shirt).

I will participate (check one): [] Individually [] With a team [] Virtual Walker [] Volunteer

Team Name (Optional): _____

T-Shirt Size (13 Years and older): [] Child [] Adult [] S [] M [] L [] XL [] 2XL [] 3XL

Registration Fee: \$ _____

Additional Donation Amount (no specific participant or team): \$ _____

Total: \$ _____

Donation Information: I am paying by: [] Credit Card [] Check [] Cash

Please credit this donation to:

[] Participant: _____

[] Team: _____

[] Donation only (no specific participant or team)

Payment Type:

Check (made payable to RIPIN - Walk to Stop Bullying, 1210 Pontiac Avenue, Cranston RI 02920)

Credit Card (please indicate) [] MC [] VISA Acct #: _____ Exp date: _____ 3 digit code on back: _____

Print name as it appears on card: _____

Billing address (if different from above): _____ City: _____ State: _____ Zip: _____

Matching Gift Information:

[] My employer offers a matching gift program. Enclosed is the matching gift form for RIPIN to complete and return to my employer.

How did you hear about this event? _____

Would you like to receive RIPIN's free quarterly newsletter "The Networker"? [] Yes [] No

I hereby waive all claims against the Rhode Island Parent Information Network (RIPIN) and event sponsors and personnel for any injury I might suffer in this event. I authorize RIPIN or anyone authorized as a representative of RIPIN to use my name and/or photographs of me, which I have provided or are taken of me at the event, to promote or advertise any RIPIN 2nd Annual Walk the Walk to Stop Bullying in RI or RIPIN event. RIPIN's 2nd Annual Walk the Walk to Stop Bullying in RI involves walking or strolling (wheelchair/strollers) an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in RIPIN's 2nd Annual Walk the Walk to Stop Bullying in RI event and related activities. I represent and warrant that I am physically fit and able to participate in this event and I agree to end and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, Rhode Island Parent Information Network Inc, its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause. I have read, understand and agree to the terms of this Agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms. I also authorize RIPIN to charge my credit card for the amount listed above.

Signature (signature of parent/guardian if under 18) **Unsigned entries will be returned.**

Date

All donations are tax-deductible. All proceeds from RIPIN's 2nd Annual Walk the Walk to Stop Bullying in RI benefit RIPIN's education and awareness programs.

If you provide a current and legible email address above, you will receive an electronic acknowledgement letter to serve as your tax receipt. If no email address was provided, we will mail you a letter. The Rhode Island Parent Information Network is a 501 (c) (3) non-profit organization. Our federal tax ID number is 05-0457336.

Waiver must be signed to participate in the walk.

Fax to: 401-270-7049

Or Mail to:

**RI Parent Information Network
c/o Linda McMullen
1210 Pontiac Avenue
Cranston, RI 02920**