



Alpha Kappa Alpha Sorority, Incorporated®
Alpha Alpha Omicron Omega Chapter
Stepping in the Neighborhood Breast Cancer Walk
October 23, 2021



REGISTRATION FORM AND LIABILITY WAIVER

A walk in your neighborhood with Alpha Kappa Alpha Sorority, Inc.® Alpha Alpha Omicron Omega Chapter to support breast cancer charities in Kaufman and Rockwall Counties. *You choose the distance or gentle stroll- Walk between 8:30 a.m. and 10:30 a.m.*

Name _____

Address _____

City _____ Zip Code _____

Telephone _____ Email _____

Emergency Contact details _____

I am Supporting Alpha Alpha Omicron Omega Member: _____

Sponsor Level: Pink \$10___ Green \$15___ Silver \$20 ___ Golden \$25___ Platinum \$30+_____

Cash	
Check	
Total Amount	

Please return form and payment to: _____

Your registration is incomplete unless you sign and date the participation release and waiver form provided below. Each participant (one each per member of a team) must sign and date the waiver.

Stepping in the Neighborhood
Release and Liability Waiver form

The undersigned wishes to participate in **Stepping in the Neighborhood Breast Cancer Walk** sponsored by Alpha Kappa Alpha Sorority, Incorporated® Alpha Alpha Omicron Omega Chapter on October 23, 2021. In connection with participation in the event, the undersigned agrees to the following:

1. Mandatory execution of form:

I acknowledge that my execution of this waiver is a prerequisite to participate in the event.

2. Participants under 18 years of age:

All event participants under 18 years of age are required to have an adult execute this waiver on their behalf. Event participants under the age of 13 must be accompanied by an adult for the duration of the event.

3. Publicity Waiver:

I hereby grant permission to Alpha Kappa Alpha Sorority, Incorporated® Alpha Alpha Omicron Omega Chapter to use any photographs, motion pictures, recordings or any record of this event for any legitimate purposes.

4. Release of Liability:

I hereby agree that I, my assignees, heirs, distributees, guardians, survivors, estate and legal representatives will not make a claim against, sue, or attach the property of Alpha Kappa Alpha Sorority, Incorporated®, Alpha Alpha Omicron Omega Chapter or any of their members, officers, directors, administrators, employees, volunteers, agents, successors, predecessors, subsidiaries and assigns (the "Affiliates") for injury or damage resulting from any acts in connection with my participation in the event, even though the liability may arise from the negligence or carelessness on the part of the parties named in this agreement. I hereby release Alpha Kappa Alpha Sorority, Incorporated®, Alpha Alpha Omicron Omega Chapter and the Affiliates from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, survivors, estate and legal representatives now have or may hereafter have for injury or damage resulting from any and all actions or causes of actions against the released parties.

5. Validity, Applicable Law, Knowing and Voluntary Execution:

Should any portion of this waiver be judicially determined invalid, voidable or unenforceable, for any reason, such invalidity shall not affect the remaining portions of this waiver. In the event of a dispute regarding this release and waiver form, Texas Law will govern.

Any changes and exceptions to the above document are solely at the discretion of Alpha Kappa Alpha Sorority, Incorporated®, Alpha Alpha Omicron Omega Chapter and will become a part of this document as addendums.

I have carefully read this agreement and fully understand its contents. I am aware that this is a waiver and release of liability, and I sign it of my own free will.

Participant Full Name: _____

Signature: _____

Print Name: _____

If event participant is under 18, please provide the name of the participant:
