

POKER WALK REGISTRATION FORM

First Name:		Last Name:	
Email:			
Street Address:			City:
State:	Zip:	Cell Number:	

Are you a member of a Veterans group? If so which group (please list):
Are you a Veteran? YES NO (please circle) Are you Active Duty? YES NO (please circle)
Age: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66-74 <input type="checkbox"/> 75+
If you are under 18 years old please list a responsible adult: Name, relationship & phone
Emergency Contact Information: Name, relationship & phone

Acknowledgement of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement
<p>By registering for the POKER WALK 2019, I understand that I am walking voluntarily, at my own risk, and that I am physically capable of participating in such a walk. All participants are encouraged to talk to your health care provider prior to participation. If at any time I feel I am unable to continue in the walk, I will stop and ask for any necessary help. I understand that during my participation of the Poker Walk 2019, I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent and cannot be eliminated without destroying the unique character of the Poker Walk 2019. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death (“Injuries and Damages”) from exposure to the hazards of travel and that no one has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, organizers of the hike, or third parties, either as a result of negligence or because of other reasons. I acknowledge that the enjoyment and excitement of walking is derived in part from the inherent risks in outdoor activity and these risks contribute to the enjoyment and are a reason for my participation. I understand that risks of such Injuries and Damages are involved in participating in an outdoor walk and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this walk there may not be immediate medical response or expertise necessary to deal with the Injuries and Damages to which I may be exposed, 911 will be called immediately. I understand I am participating in the Poker Walk 2018 as an individual and not an entity of VFW Post 3438, Dayton VA Medical Center, Global Pragathi or any other organization involved. Volunteers, Community Partners, VFW Post 3438, Global Pragathi and Dayton VA staff are not responsible for an Injuries or Damages and cannot be held liable.</p>

Signature: _____ Date: _____
If under age 18 years, responsible adult must sign form.
Printed Name: _____

**PLEASE EMAIL COMPLETED FORM TO vfw3438@gmail.com OR MAIL TO:
VFW Post 3438, 5441 Marina Dr., West Carrollton, OH 45449 Attn: POKER WALK**