



# Walk *Without* Limits

Focus on Abilities  
not Disabilities



Wheelchairs  
are welcome!



Walk start 9 a.m.  
Registration 8:30 a.m.

## Inaugural 1-Mile Walk • April 6, 2019 • MGM Park, 105 Caillavet Street

### Registration Form (T-shirts to all entrants, please mark size below)

Name: \_\_\_\_\_

Caregiver/Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

T-Shirt Size:    Youth S    Youth M    Youth L  
                          Adult S    Adult M    Adult L    Adult XL    Adult 2X    Adult 3X

Entry fee:    \$12, Adult    \$5, Youth

Make checks payable to MS Centers For Autism.  
Online registration: [www.mscentersforautism.org](http://www.mscentersforautism.org) or PayPal: [MCARDD@gmail.com](mailto:MCARDD@gmail.com).

For more information, contact Cheryl Bell at 228-388-7170 or MS Centers of Autism at 228-396-4434.

#### PARTICIPANT WAIVER AND RELEASE OF LIABILITY

In consideration of the invitation extended to me by the Mississippi Centers for Autism and Related Developmental Disabilities, Inc., The City of Biloxi and Biloxi Shuckers to participate in The Disability Awareness Walk, "Walk without Limits to be held at MGM Park on Saturday, April 6, 2019 at 9:00 a.m. I, \_\_\_\_\_, (Print name of participant) do hereby fully release The Mississippi Centers for Autism & Related Development Disabilities, Inc., The City of Biloxi and Biloxi Shuckers and its respective agents, directors, officers, employees, affiliates, members, trustees and assigns (the "Released Parties") from liability for any and all claims for injuries and/or damages to one's body (person) or property associated with my participation in the Disability Awareness Walk, "Walk Without Limits" currently planned to take place on April 6, 2019. Further, I will protect, indemnify, defend and hold harmless the Released Parties from and against all claims, liabilities, demands, causes of action and judgments on account of current or future damage to my body or property resulting from such participation.

I expressly intend that this Waiver and Release cover any and all injuries and damages of every kind, character or description sustained, whether they currently exist or arise in the future.

I am aware of and assume the inherent risk of injuries and/or damages associated with the above activity and related activities, and realize that I will participate in said activity at my own risk, ever aware of the risk and dangers involved.

I attest by my signature below that I have read and fully understand and that I agree to the above.

I agree to allow my photograph, likeness and/or voice to appear in any media coverage of the Event without compensation or further notice to me. I attest by my signature below that I have read and fully understand and that I agree to the above.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Participant Name (PRINT): \_\_\_\_\_

BY (Signature of participant's parent or legal guardian): \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_



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