



**Registration Fee: \$15.00 per person**

Please return this form to:

**C Sanford**  
213 – 9344 Cameron St, Burnaby BC V3J 1L9  
or [cawsbc@yahoo.com](mailto:cawsbc@yahoo.com)

You can pay in person at the event or buy tickets online at  
<https://www.eventbrite.ca/e/langley-happiest-walk-in-canada-tickets-60446877237>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

T-Shirt sizes are available in: Youth XS, S, M, L, XL, Ladies S, M, L, XL, 2XL, Mens S, M, L, XL, 2XL and unisex 3X

(Optional) I am walking in support of or on behalf of: \_\_\_\_\_

**By signing this registration form I release and discharge the Canadian Association for Williams Syndrome and all sponsors from any claim, injury, losses or liabilities as a result of participation in this event.**

If the main participant is under the age of 18 and they are not walking with a family member they must have signed permission of their parent or guardian to participate.

Participants Signature: \_\_\_\_\_

Parent Name (if under 18) (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Additional Registrations**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

## AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

**I grant permission to CAWS: Canadian Association for Williams Syndrome and its agents or employees to use photographs and/or video and audio taken of me and/or my child.** These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my and / or my child's image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by CAWS: Canadian Association for Williams Syndrome.

I hereby agree to release, defend, and hold harmless CAWS: Canadian Association for Williams Syndrome and its agents or volunteers, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older and have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_