



Walk to Cure Psoriasis 2009 Registration

City: _____

Name _____

Address _____

City _____ State _____ ZIP _____

DOB _____ Male Female

E-mail _____ Phone _____

Emergency contact _____ Phone _____

You will receive a T-shirt at the walk if you raise \$100 or more. What size would you like? S M L XL XXL **NOTE: Only adult sizes available**

I am registering as team captain (team name) _____

Type of team: Family team Medical team Corporate team (Corporation name: _____)

I am registering as a part of team (team name) _____

Type of team: Existing New

I am registering as an individual

Yes, I would like to receive communications from the National Psoriasis Foundation

My employer will match this gift

How did you hear about the walk? Web site Friend/relative Physician Media Psoriasis Advance Other

Please check all that apply:

- I have psoriasis and/or psoriatic arthritis.
- A friend and/or family member has psoriasis/psoriatic arthritis.
- I would like to take action for a cure through advocacy.
- I am interested in participating in a research project to help find a cure for psoriasis.
- I want to make a difference for those with psoriasis/psoriatic arthritis.

Donations total \$ _____

- Cash
- Check (payable to National Psoriasis Foundation) enclosed
- Credit

Please charge my

- American Express Discover MasterCard Visa

Credit card number _____

Exp. date _____

Please send to:

National Psoriasis Foundation
Attn: Walk to Cure Psoriasis
6600 SW 92nd Ave., Suite 300
Portland, OR 97223
Fax: 503.245.0626

(Please sign liability release form on reverse side) >>>>>

LIABILITY RELEASE

IN CONSIDERATION of being given the opportunity to participate in the Walk to Cure Psoriasis event (the "Walk"), I hereby: (i) ACKNOWLEDGE, AGREE AND REPRESENT that I understand the nature of the Walk and that I am qualified, in good health, and in proper physical condition to participate in the Walk; (ii) ACKNOWLEDGE THAT I FULLY UNDERSTAND that: (a) THE WALK INVOLVES RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (the "Risks"); (b) the Risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Walk, the conditions in which the Walk takes place, or the negligence of the Releasees named below; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; (iii) ACKNOWLEDGE THAT I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Walk; and (iv) RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the National Psoriasis Foundation, owners and lessors of premises on which the Walk takes place, Walk participants, organizers, sponsors, and advertisers, and their respective owners, administrators, directors, agents, officers, volunteers and employees (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of any one or more of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this release of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this Release, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I hereby grant to the National Psoriasis Foundation my permission and an irrevocable, perpetual, royalty-free, worldwide license to use any photographs, videos, film and any other recordings of me that are made during the course of the Walk event.

Signature of participant: _____

Dated: _____

PARENTAL CONSENT TO RELEASE

(Use if participant is under the age of 18.)

I, the minor participant's parent and/or legal guardian, understand the nature of the Walk and the participant's experience and capabilities, and believe the participant to be qualified to participate in the Walk. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the participant's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this Release, I, the participant, or anyone on the participant's behalf makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Print name of parent/guardian: _____

Signature of parent/guardian: _____

Dated: _____