



# Walk to Mary - Family Registration Form

Cost = \$10 per person or \$25 per family who join in at "Walk with the Children" location



First Name:	Last Name:	Age Group:	Gender:	First Time?	Starting Location?
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- Age Group:**
- Adult
  - Student - College
  - Student - High School
  - Student - Grade School
  - Child (4 yrs and younger)

- Starting Location Choices:**
- St. Norbert College - Old St. Joe's Church
  - St. Peter and Paul Parish
  - Holy Cross Parish/School
  - Walk with the Children

**Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Will need a bus ride back to starting location?** Yes - No (Circle One)

**Will stay for mass?** Yes - No (Circle One)

**Will additional people not participating in Walk to Mary meet you at Shrine of Our Lady of Good Help?**  
How Many? \_\_\_\_\_

**Will you attend the 'May Crowning Celebration' at Shrine of Our lady of Good Help next day (Sunday)?**  
How Many? \_\_\_\_\_

**Hold Harmless:** By participating in the Walk to Mary (the "Walk"), I agree to release and forever hold harmless Walk to Mary, Inc, Green Bay Area Catholic Education System (GRACE), the Catholic Diocese of Green Bay, the St. Norbert College, St. Peter & Paul Parish, Holy Cross Parish, Holy Cross School, the City of De Pere, the Village of Allouez, the City of Green Bay, the Town of Scott, the Town of Green Bay, the County of Brown, the Shrine of Our Lady of Good Help and any other entity associated with or providing services for this Walk and each of the foregoing's officers, directors, employees, agents, affiliates, volunteers, and assigns, from any and all liability, both arising out of law or equity, including any and all losses, demands, damages, claims, actions, cause of actions, costs, and expenses, including, but not limited to, attorney fees, related to or resulting from injury to any person or damage to property arising out of any activity associated with my participation in the Walk.

**Photograph and Video Authorization:** I hereby give Walk to Mary, LLC and its affiliates, permission to photograph or video tape me during the Walk and its related activities, and to use those photographs and videos for any purpose, including but not limited to commercial purposes, advertisements for the Walk and any promotional materials related thereto.

**Healthcare Authorization:** As a participant in the Walk, I understand I may become ill or injured and medical treatment may be necessary, I hereby give my prior consent to the medical staff and/or volunteers to evaluate, treat injuries/illnesses, and activate emergency care, when deemed necessary by them.

**Parent Signature:** \_\_\_\_\_