SOUNDMIND SOUNDBODY
Community Walk

First Annual Community Walk

Sound Mind-Sound Body is a 2 mile Community Fundraising walk to benefit the CMHC Foundation and to raise awareness about the important connection between good mental and physical health.

2 Mile Walk

Saturday, September 11, 2010

8:30 a.m. – 12:00 p.m.

Leon's Restaurant & Long Wharf Park
New Haven, CT

(Rain Date Sunday, September 12)

ENTRY FEES
(All fees include complimentary T-shirt)

Individual:

$25.00-Minimum donation

$50.00-Donation includes brunch at Leon's and special prizes

Team:

Create a team and be eligible for brunch at Leon's and team prizes
(see attached details)

Teams: # of participants x $50 = Team Entry Fee

EVENT SCHEDULE

8:30–9:15	Registration at Leon's
9:15–9:30	Welcome
9:30–10:30	Walk
10:30–12:00	Brunch celebration and awards at Leon's

(cut on dotted line and return to address below)

Registration Form

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PLEASE FILL IN ALL BLANKS

First Name _____ Last Name _____

Address _____

City_____ State_____ Zip_____

Telephone ( ) _____

Email_____

Team Name *(if applicable)* _____

Sex *(optional)* M_____ F_____ Age_____

Release and Waiver: ***Must Be Signed By Each Participant***

I know that participating in a walk is a potentially hazardous activity. I should not enter and walk unless I am medi¬cally and physically able. I also know that there may be traffic nearby and assume any and all other risks associated with participating in this event, including but not limited to falls, contact with other participants, the effects of weather, and the conditions of the course, all such risks being known and appreciated by me. I agree to abide by all decisions of the walk officials and volunteers relative to my ability to safely participate in this event. Knowing these facts, and in consideration of accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone who may claim on my behalf, covenant not to sue, and waive, release, and discharge any and all sponsors and their agents, including, but not limited to the Connecticut Mental Health Center Foundation or anyone acting on their behalf; from any and all claims of liability for death, personal injury, and property damage of any kind or nature whatsoever arising out of my participation in this event. This release and waiver extends to all claims of any kind or nature whatsoever, foreseen or unforeseen known or unknown. I also give permission for the use of any photographs, videotapes, or other recording of this event for educational or promotional purposes. Minor participants will only be accepted with parental signature. If a parent is signing on behalf of a minor , then the parent agrees to defend and indemnify all persons and entities listed in this release and waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this event.

Enclose check payable to:
CMHC Foundation
34 Park Street, Suite 144
New Haven, CT 06519

_____ Date_____
Signature

_____ Date_____
Parents Signature
(If Participant Is Under 18 Years Of Age)

For Information contact Sharon DeGenaro:
203-974-7082 or sharon.degenaro@yale.edu

Forms and additional information also available at www.cmhcfoundation.org