



**Walk for Birch Bay Village  
Contribution Form**

Thank you for supporting the Walk for Birch Bay Village!

Please make checks payable to Birch Bay Village. Please bring this form when you turn in contributions on event day.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Contributor Name	Address	Check #	Donation Amount Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**Total Enclosed: \$ \_\_\_\_\_**



## Walk for Birch Bay Village

### Registration Form

Please complete this form in ink.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Assumption of Risk, Release and Permission

Walk for Birch Bay Village involves walking - an activity which includes certain risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the Walk for Birch Bay Village and related activities. It is my responsibility to dress appropriately. Although route signs, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event. I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Birch Bay Village or Mount Desert Island Hospital, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at this event and related activities-whether resulting from the negligence of any of the above or from any other cause. I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect. I grant full permission to perpetuity to the organizers of this event to use, reuse, publish, and republish my name and image as a participant in this event in photographs, video or other recordings. I have read, understand and agree to the terms of this agreement.

If participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the below:

*I am the parent and/or legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



# **WALK FOR BIRCH BAY VILLAGE**

December 7<sup>TH</sup>, 2012

**Registration: 3:30 P.M.**

**Walk Begins: 4:00 P.M.**

**Length: 1 Mile**

**Location: Mount Desert Island  
Hospital- Main Parking Lot**

**Registration** and **contribution** forms can be found at [www.birchbayvillage.us](http://www.birchbayvillage.us), [www.mdihospital.org](http://www.mdihospital.org) or by contacting Catherine Jones at [cjones@birchbayvillage.us](mailto:cjones@birchbayvillage.us) or (207) 288-8014 ext. 207

***Please Come and Help Us Support Education Programs For Birch Bay Retirement Village!***