



Brazos Valley Rehabilitation Center • 1318 Memorial Drive Bryan, TX 77802
Phone: (979) 776-2872 • Fax: (979) 776-7456

Family Registration

Team Name (if applicable) _____	
Parent/Guardian Name: _____	Date of Birth: _____
Email address: _____	Phone Number: _____
Parent/Guardian Name: _____	Date of Birth: _____
Email address: _____	Phone Number: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____

- In recognition of the risk of injury while participating in the Leaps for Autism Walkathon (Event), and as consideration for the right to participate in the Event, I hereby for myself, my heirs, executors, administrators, assigns, or personal representatives knowingly and voluntarily enter into this waiver and release of liability (Agreement) and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Event, and do hereby release and forever discharge Brazos Valley Rehabilitation Center (BVRC), Families of Autistic Children Engaged Together For Support (FACETS) and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, business and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, the event site and its agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns and all sponsors and/or beneficiaries of the Event (collectively Hosts) from any and all liability, claims, demands, damages, actions, or causes of action now existing or which hereinafter may arise as a result of my participation in the Event, whether any injury is caused by the negligence of the Hosts, the negligence of myself or third parties, the conditions of the course or any other cause.
- I agree to indemnify and hold harmless the Hosts against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees, if litigation arises on account of claims made by me or anyone on my behalf.
- I will not knowingly push beyond my physical limits at any time during the Event.
- I recognize that various photographs, video recordings, and other media will be taken during the Event. I agree to grant the Hosts full permission to use any photographs, video recordings, or other media of the Event that contain my likeness for the purpose of promoting BVRC or FACETS (the organization) or the Event, or for any purpose deemed appropriate by the organization.
- I acknowledge that this Agreement is the entire agreement between the Hosts and me, and that this Agreement cannot be modified or changed in any way by representations or statements of the Host or by me.
- I hereby declare that I have read and fully understand this Agreement in its entirety and that, by signing below, I assent to all of the terms and conditions contained in this Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date