



2010 REGISTRATION FORM

CALL US: (714) 241-6214

MAIL TO: Coastline Community College

Special Programs and Services for the Disabled

2990 Mesa Verde Drive East

Costa Mesa, CA 92626

PARTICIPANT INFORMATION

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E Mail: _____

T shirt size: S _____ M _____ L _____ XL _____ XXL _____
(adult male sizes)

I'm an individual walker.

I'm a team captain. My team name is: _____

I'm joining an existing team. My team name or captain is: _____

REGISTRATION INFORMATION

\$20 - Walker (ages 6+) *Walkers are encouraged to raise a minimum of \$200 each.*

Free - Children (ages 5 and under)

Optional: I wish to make an additional gift of \$ _____ to the Brain Injury Walk

Total Amount \$ _____

Enclosed is my check payable to: CCC Foundation

Charge my credit card Circle one: VISA / Mastercard

Account number _____

Expiration date _____

Name as it appears on card _____

Signature of cardholder _____

As a registered participant of the Walk for Brain Injury Awareness, I hereby agree to release, discharge, and shall indemnify, defend, and hold harmless the Coast Community College District, its Trustees, employees, and agents from any and all liability, claims, judgments, or demands, including reasonable attorneys fees and costs, which may arise from my voluntary participation in this event. I further agree that this release limits the Coast Community College District, its Trustees, employees, and agents liability for my participation in this event to only those occurrences which arise directly from the District's fraud, willful misconduct or violation of the law. I hereby grant full permission for the district, its Trustees, employees, and agents to use all photographs, videos, recordings or other depiction of my participation in this event for any legitimate reason.