2017 Annual Conference Walter Stoneham Scholarship Event Registration

Back by popular demand, you can choose your activity to support the Walter Stoneham Scholarship Fund: a fun run/walk, Yoga or sleeping in! No matter which way you choose to start your day, you receive a lapel pin proclaiming your support of the scholarship fund!

All proceeds benefit the Walter Stoneham Scholarship Fund, which provides scholarships to TAAO members to use towards TAAO course and/or annual conference registration fees and related hotel expenses.

Date & Time: Tuesday, August 29 at 7:00 a.m.
Location: Omni Corpus Christi Hotel

**INDIVIDUAL – $25 per person**

Activity I will participate in: *(select one)*  □ Fun Run/Walk  □ Sleeping In  □ Yoga *(Yoga mats will be provided)*

Name & Employer: ____________________________________________

**TEAM (three members) – $50 per team**

Dress as your favorite characters in the Walter Stoneham Team Fun Run Costume Contest. Have fun and be creative! Prizes will be awarded for the best team costumes in 1st, 2nd and 3rd place.

Fun Run/Walk

Team Name: ____________________________________________

1. Name & Employer: ____________________________________

2. Name & Employer: ____________________________________

3. Name & Employer: ____________________________________

**Release of Liability**

As a participant in the TAAO Fun Run/Walk and/or Fitness class, I/we hereby release and discharge TAAO including all officers, employees, agents and servants (herein collectively referred to as “Agencies”) from all liability arising out of or in connection to the TAAO Fun Run/Walk and/or Fitness class. For the purpose of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I/we, my/our heirs, executors, administrators or assignees may have against the Agencies because of death, personal injury or illness, or because of any loss or damage to property that occurs during the above-described community event and that results from any cause other than the negligence of the Agencies. In the event of any illness or injury, I/we hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of the participant. It is understood that the resulting expenses will be the responsibility of the individual adult participant or the parent/guardian of any minor participating in the event.

I have read and understand the above release of liability. *(If under 18, parent or guardian must sign.)*

Participant #1 Signature: __________________________________ Date: __________________

Participant #2 Signature: __________________________________ Date: __________________

Participant #3 Signature: __________________________________ Date: __________________

Make check payable to TAAO and mail to TAAO, 2028 E. Ben White Blvd., Ste. 305, Austin, TX 78741.