



**SUNDAY, OCTOBER 3, 2010**

Rain or Shine

## Application Form

*Honorary Chair: Peter Hawkins, Champion Wheelchair Racer*

*Media Partner: WBLI (106.1 FM)*

*Water and Apple Dippers provided by McDonald's*

Check-In:	11:00 a.m.
Start-Time:	11:45 a.m.
Registration:	By mail: Abilities! Attn: Development Department 201 I.U. Willets Road, Albertson, NY 11507 or Download forms at <a href="http://www.abilitiesonline.org">www.abilitiesonline.org</a> or Call (516) 465-1595 or Fax (516) 465-1591
Entry fees:	\$15 per person before September 26, 2010 \$20 per person after September 26, 2010 Free for children, age 12 and under with proper registration and signed waiver
Course Description:	One mile wheelchair accessible course on the campus of Abilities!, beginning and ending at JK Kids Park
Extras:	Exhibition Basketball Game featuring <b>NY Towers vs. NY Wizards</b> 50/50 Raffle and Grand Prizes
Register Early!	Complimentary gift bags and t-shirts to first 200 registrants

*Proceeds to benefit the programs and services at Abilities!*  
Abilities! is a non-profit agency dedicated to empowering people with disabilities to be active, independent, and self-sufficient participants in our society.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Please specify: Adult \_\_\_\_\_ Child \_\_\_\_\_ Child's Age \_\_\_\_\_

Adult T-Shirt Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ Child T-Shirt Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

Team Captain \_\_\_\_\_

Total number of participants: \_\_\_\_\_

I cannot participate but please accept my contribution of \$ \_\_\_\_\_ Total amount due to Abilities! \$ \_\_\_\_\_

**Method of Payment—Please do not send cash.**

Make checks payable to **Abilities!** or complete credit card information below:

MC  VISA  AMEX Exp. Date: \_\_\_\_\_

Card Number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Please check to see if your employer has a Matching Gift Program.

Sponsorship forms and additional applications are available online at [www.abilitiesonline.org](http://www.abilitiesonline.org).  
For more information, contact Linda Tibbals at (516) 465-1595 or email [ltibbals@abilitiesonline.org](mailto:ltibbals@abilitiesonline.org).

**Please complete application and sign waiver on page 2 then return to:**  
**Abilities! Attn: Development Department 201 I.U. Willets Road, Albertson, NY 11507**  
**Or Fax (516) 465-1591 Or email to [ltibbals@abilitiesonline.org](mailto:ltibbals@abilitiesonline.org)**

# Abilities!



## WAIVER AND RELEASE FROM LIABILITY

With respect to the Abilities! Walk N Roll-A-Thon (the "Event") to be held on October 3, 2010, for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this activity. I hereby release, discharge, covenant not to sue and agree to hold harmless The National Center for Disability Services, Inc. d/b/a Abilities! (together with its affiliates, "Abilities!") and their respective members, directors, officers, agents, employees and assigns (collectively, the "Releasees") from all liability, claims, demands, losses or damages resulting from or arising out of my participation in the Event. In the event I suffer an injury or illness while participating in the Event, I hereby consent for the Event staff to arrange for medical treatment and agree to pay all costs associated with such medical care. I hereby grant Abilities! the right to film, photograph and otherwise record me and use my name, testimonials, statements, image, photograph or other picture (still or motion) in any Abilities! promotional material, publication or website and I waive any right to royalties or other compensation arising out of or relating thereto.

I certify that I have read and understand the intent of this waiver and release.

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

## MINOR WAIVER AND RELEASE FROM LIABILITY

I hereby grant my child \_\_\_\_\_, permission to participate in the Event. For consideration of my child's participation in the Event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this activity on behalf of my child. I hereby release, discharge, covenant not to sue and agree to hold harmless the Releasees from all liability, claims, demands, losses or damages resulting from or arising out of my child's participation in the Event. In the event my child suffers an injury or illness while participating in the Event, I hereby consent for the Event staff to arrange for medical treatment and agree to pay all costs associated with such medical care. I hereby grant Abilities! the right to film, photograph and otherwise record my child and use my child's name, testimonials, statements, image, photograph or other picture (still or motion) in any Abilities! promotional material, publication or website and I waive for myself and on behalf of my child any right to royalties or other compensation arising out of or related thereto. I represent and warrant that I am the custodial parent or legal guardian to the participant named below and have the authority to grant the foregoing permission, release and waiver.

I certify that I have read and understand the intent of this waiver and release.

Participant Name: \_\_\_\_\_ Age of Participant: \_\_\_\_\_

Signature is required by Parent or Legal Guardian for all participants under the age of 18.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date