

Walking for Life

Registration Form

(Please fill out one per person. All but \$5.00 of Registration fee is deemed tax deductible)

1. Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Age on September 27, 2008: _____

Shirt Size: XL _____ L _____ M _____ S _____

XXL _____

Phone: _____

Email address: _____

Waiver and Release of Liability

In consideration of this entry being accepted, I hereby for myself, my heirs, executors, and administrators waive and release any claims I may have against the AFSSP, The Ian Olliu Foundation, Walking for Life, their organizers, sponsors and volunteers, the township of Cherry Hill, the Cherry Hill School District, Camden County Parks Commission, Camden County Freeholders, or any person or people for any injury I might suffer in this event. I attest that I am physically fit, able and prepared to complete this event. I grant full permission for organizers to use photographs and/or quotations from me in legitimate accounts and promotions of this event.

Signature: _____

Date: _____

(Complete Reverse Side Also)

Register Individually, or as a Team! Pick your own Team Name, which can be made up of friends, family and co-workers!!

★ *And, if you're walking in memory of someone special, we encourage you to bring a picture, or write a message on the Memory Board!*

TEAM REGISTRATIONS

A team can be any group of people who walk together, whether as a family, friends, company, etc. Give your Team a name, design banners!

REGISTRATION FEES

Age	Registration Fee
Adults	\$25 per person
Kids 10-17	\$15 per person
Under 10	FREE
Pets: Leashed	WELCOME

Completed Registration forms with Fees, and all donations are to be made payable and mailed to:

**The Ian Olliu
Foundation for Life, Inc.**

a 501(c)(3) Non-Profit

(856) 751-9547

532 Old Marlton Pike

PMB# 230

Marlton, NJ 08053-2075

2. If Walking in a TEAM, please complete the following:

TEAM Name: _____

Team Captain: _____

3. I will be Walking in Memory of: _____

4. Aside from my Registration fee, I've obtained additional Donations in the amount of: \$ _____

5. I am unable to attend the Walk, but please accept my enclosed donation in the amount of: \$ _____

6. TOTAL AMOUNT ENCLOSED:

\$ _____

If registering by mail, please send this form along with your fees and additional donations made payable to:

**The Ian Olliu
Foundation for Life, Inc.**

532 Old Marlton Pike

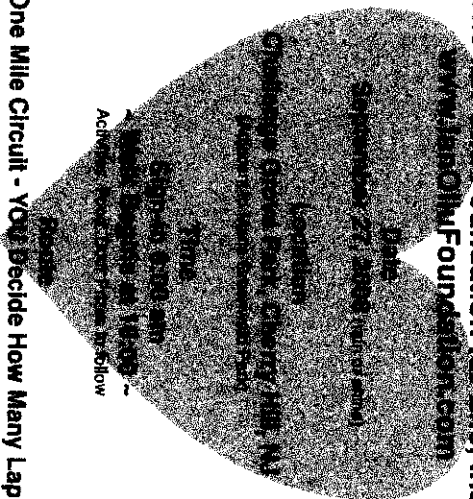
PMB# 230

Marlton, NJ 08053-2075

Walking for Life 2008

Presented by:

The Ian Olliv Foundation for Life, Inc.
www.IanOllivFoundation.com



One Mile Circuit - YOU decide How Many Laps

*A friend is someone who
reaches for your hand.*



But Touches Your Heart!

- ★ DOOR PRIZES ★ FOOD ★ MUSIC ★
 - ★ FACE PAINTING ★
- See our website for all the details!
www.IanOllivfoundation.org
For Info: (856) 751-9547

Proceeds from previous fund raisers have helped to provide QPR training to the entire Cherry Hill School District, Police and Fire Departments, and members of the local community. QPR is a nationally recognized suicide prevention training program that helps identify the early warning signs of suicide, offers Hope and provides resources to people in need. Now this training is branching out further - to other surrounding School Districts and counties.

Today our goal is to raise funds for additional trainers, and offer this much needed program to the entire State of New Jersey, and beyond. We want to make a difference, we want to be part of the solution, and we do this in memory of our son and friend, Ian Olliv.

Your participation and support is greatly needed and appreciated! Our Last "Walking for Life" was an enormous success, but we'd like to top it this year!

REGISTRATION

You can Register up to and including the day of the Walk (9/27), but in order to ensure your shirt size, please register by Sept. 7, 2008. Each person who will be participating needs to fill out a Registration Form, and read and sign the Waiver/Release of Liability.