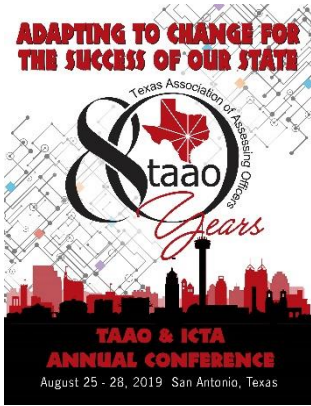


## 2019 Annual Conference Walter Stoneham Scholarship Event Registration



Do you feel like starting your day with a brisk run, a power walk or a leisurely stroll? How about improving your balance, flexibility and strength in a yoga class? Just want to sleep in? You can choose any of these activities to support the Walter Stoneham Scholarship Fund! No matter which way you choose to start your day, you will 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 courses and/or annual conference registration fees and related hotel expenses.

**Date & Time:** Tuesday, August 27 at 7:00 a.m.

**Location:** JW Marriott San Antonio Hotel & Spa

### INDIVIDUAL – \$25 per person

**Activity I will participate in:** *(select one)*  Fun Run/Walk  Sleeping In  Yoga (Please provide your own mat & towel)

Name & Email Address: \_\_\_\_\_

### TEAM (three members) – \$50 per team Fun Run/Walk

Team Name: \_\_\_\_\_

1. Name & Email Address: \_\_\_\_\_

2. Name & Email Address: \_\_\_\_\_

3. Name & Email Address: \_\_\_\_\_

### 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 #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Payments are due no later than August 9, 2019**

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