



# — Walk for Wellness —

Saturday, June 1, 2024  
Check-in at 9:00 a.m. Walk starts at 10:00 a.m.  
Supporting Senior Services Provided by  
Interfaith Caregivers of Greater Mercer County



## REGISTRATION FORM

Join us for our third-annual Walk for Wellness event on Saturday, June 1st at Veterans Park hosted by Interfaith Caregivers of Greater Mercer County. Our Walk has 1 Mile or 3K routes, encouraging participants with a range of abilities. On event day, we ask that you enter the park via the KUSER ROAD/South Entrance to the park, and follow event signs to the registration area. Check-in/registration will begin at 9:00 am and the walk will begin promptly at 10:00 am. Registration fee includes a t-shirt.

After completing the forms below, kindly mail it to the ICGMC office located at 3635 Quakerbridge Road, Suite 16, Hamilton NJ 08619. Registration is open to adults, over the age of 18.

**Pre-registration** prior to day of event is \$25.00 per person

**Registration** at event is \$35.00 per person.

**Group/Team Pre-registration** (4 people or more) is \$20.00 per person – see group registration form

**Donation Goal:** Each walk participant is asked to raise \$100 in donations/sponsors – to be collected and submitted on event day. See Donation/Pledge forms.

### Individual Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle your t-shirt size. Please note that all t-shirts are adult sizes

**MED**

**LRG**

**XL**

**XXL**

Check off your method of payment

Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash (on-Site) \_\_\_\_\_

Checks to be made out to: Interfaith Caregivers of Greater Mercer County	
Address: 3635 Quakerbridge Road, Suite #16, Hamilton, NJ 08619	
CC Payment:	Visa _____ MasterCard _____ Amex _____
Name on Credit Card	_____
Credit Card #	_____
Exp. Date:	_____ CVV# _____

**Every participant MUST sign this form in order to join the Walk for Wellness event. If you have any questions before signing, please call the ICGMC office at 609-393-9922**

**ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of participating in the Walk for Wellness on Saturday, June 1 2024, I state that I understand the nature of this event and that I am in proper physical condition to participate in such activity. I acknowledge that if I believe that conditions are unsafe, I will immediately discontinue participation in the activity. I willingly voluntarily agree to the following:

Assumption of Risk: I agree to accept and assume all responsibility for and risk of personal injury, including but not limited to: falls, trips, slips, spills and bodily injury, illness or damage to myself or my property which may be caused by my own actions, or inactions, those of other participants in the event, the conditions in which the event takes place or other risks not known to me or not made readily foreseeable at this time. I hereby freely and expressly assume the risks of participating in the Walk for Wellness and I assume full and sole responsibility for any injuries, costs, and/or damages I incur as a result of my participation in this activity.

Medical Condition: Before deciding to participate in the walk, I have considered whether I have any pre-existing health conditions that may impact my ability to safely participate in this activity. Such health conditions include, but are not limited to: hearing and visual impairment, pregnancy, respiratory conditions, back, neck, and/or shoulder issues, epilepsy, heart conditions, and other pain and physical limitations that could be exacerbated by a fall or accident. I declare that I am physically capable of participating in this event of a 1 mile or 3K walk of my choosing.

Waiver, Release, and Indemnification: To the fullest extent permitted by law, or myself, heirs, and beneficiaries: I release, waive, discharge and hold harmless Interfaith Caregivers of Greater Mercer County and its directors, board members, employees, volunteers, sponsors, and the owner of the premises on which this Walk takes place from any and all liability, claims, demands, actions or cause of action arising out of or related to any loss, destruction, damage or injury, including death, regardless of Releases negligence or other unintentional conduct

Photo Release: I hereby grant permission to Interfaith Caregivers of Greater Mercer County, Inc. to use photographs and/or video of me taken on June 1, 2024, participating in the Walk for Wellness in Veteran’s Park, Hamilton, NJ, in publications, news releases, online, and in other communications related to the mission of ICGMC. I understand my image will not be identified without my express consent.

Other: As a participant, I agree that this Agreement shall be governed by the applicable laws of New Jersey. I agree that in the event that any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provisions will not be affected. I have read, understand and agree to the terms of the agreement

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In accordance with the Omnibus Budget Reconciliation Act of 1993, ICGMC acknowledges receipt of the contribution specified above. Per IRS regulation, we hereby state that no goods or services were received in exchange for this donation. ICGMC is a 501(c)3 organization. Our Tax ID is 22-3312846. Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of The State of New Jersey by calling (973) 504-6215 and is available on the internet at <http://www.state.nj.us/lps/ca/charfrm.htm>. Registration with the Attorney General does not imply endorsement.*

## Group Registration Form

If your group has more than 4 members, please copy or print this page and attach as additional pages. Note: Each participant must sign a separate release and registration form.

**Name of Group** (Company/Faith Team/Family Name): \_\_\_\_\_

*(Naming Group is Optional – but allows us to confirm the number and name(s) of participants in group)*

First Name _____	Last Name _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Circle your t-shirt size	MED      LRG      XL      XXL

  

First Name _____	Last Name _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Circle your t-shirt size	MED      LRG      XL      XXL

  

First Name _____	Last Name _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Circle your t-shirt size	MED      LRG      XL      XXL

  

First Name _____	Last Name _____
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## CONTRIBUTION TRACKING FORM

**Participant's Information:** *(please complete as fully as possible)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

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

Donor's Name	Address/City/State/Zip	Email	Amount	Check	Cash

Total Amount Collected: \$ \_\_\_\_\_

Make checks payable to Interfaith Caregivers of Greater Mercer County.  
Forms & funds may be submitted Pre-Event or Bring Completed Form(s) and Donations to Event Day.



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## DONATION FORM

### Donor Information (person making the donation)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

### Donation Information

I would like to make a donation in the amount of: \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100

\_\_\_\_\_ \$50 \_\_\_\_\_ \$25 Other (Please list amount): \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check payable to Interfaith Caregivers of Greater Mercer County

Call ICGMC if interested in making a credit card donation (609-393-9922).

### Participant Information: Circle One

I am supporting:

- a. A Specific Walker
- b. A General Donation to a Team
- c. A General Donation to the Walk

Walker's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Walker's Address \_\_\_\_\_

Or Group/Team Name (if applicable) \_\_\_\_\_

Interfaith Caregivers of Greater Mercer County • 609-393-9922 • [www.icgmc.org](http://www.icgmc.org)

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