



2009 Parkinson Canal Walker Registration Form



WHEN: 10 a.m., Sunday, April 26, 2009

WHERE: Meridian Centre Park at the Erie Canal Towpath
2025 Winton Road South, Brighton, NY

PATH: Walkers will choose between a 1½-mile scenic trail within Meridian Centre Park that loops around a wetlands area or a 2½-mile-loop on the canal path to Lock No. 33. Each path will be clearly marked and include water stations.

FUNDRAISING:

Individual walkers may pre-register online for \$18 (go to Active.com), or register by mail or the day of the race for \$25. Those collecting donations friends and family totaling \$100 or more may register for FREE!

PSGUNY is a 501(c) 3 charitable organization. Send forms and checks to Parkinson Run/Walk, Attn: Pete Smith, Race Director, PO Box 23204, Rochester, NY 14632

Prizes will be awarded to the top fundraising individual and the top fundraising team captain. Organizations, workplaces, churches and clubs may form teams. The team captain will collect team donations and register the team. If you'd like, choose a team color, team name or wear unifying T-shirts. Have fun, while raising money for a great cause!

**Parkinson's Support Group
of Upstate New York**
*a chapter of the
National Parkinson Foundation*

P.O. Box 23204
Rochester, NY 14692

(585) 234-5355

www.psguny.org



Name _____

Street Address _____

City _____

State _____

Zip _____

E-mail address _____

I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, TRAFFIC, AND CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND UNDERSTOOD BY ME, HAVING READ THIS WAIVER, AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, AND FOR ANYONE ELSE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE PARKINSON'S SUPPORT GROUP OF UPSTATE NEW YORK (PSGUNY), THE NATIONAL PARKINSON FOUNDATION, ALL SPONSORS AND VOLUNTEERS, THE TOWN OF BRIGHTON, THE COUNTY OF MONROE, THE STATE OF NEW YORK, THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITY OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT.

Signature _____

(Parent or guardian must sign for all participants under the age of 18)

Our Mission:

SUPPORT people with Parkinson's disease and their care partners

EDUCATE the community about Parkinson's disease

FIND a cure

- I don't plan to walk, but enclosed is my contribution for \$_____.
- I plan to walk. Enclosed is my contribution for \$25, plus pledges from my family, friends and neighbors listed on the attached page.