



# WALK WITH TEAM KAREEM TO PREVENT DROWNING

DATE:  
JUNE 17, 2017

LOCATION:  
BELTWAY PAVILION  
KISSIMMEE LAKEFRONT PARK  
250 LAKESHORE BLVD

TIME:  
CHECK IN 9:00 AM  
OPENING CEREMONY 9:30  
WALK BEGINS 10:00

MAIL THIS COMPLETED FORM TO:  
TEAM KAREEM MEMORIAL FOUNDATION  
1080 Cypress Parkway PMB#159  
Kissimmee, FL 34759

MAKE CHECKS PAYABLE TO:  
TEAM KAREEM MEMORIAL FOUNDATION

FOR MORE INFORMATION, VISIT

[WWW.TEAMKAREEM.ORG](http://WWW.TEAMKAREEM.ORG)

## REGISTER AS A WALKER

ADULTS \$25

CHILDREN (UNDER 17) \$15

SHIRT SIZE (PLEASE CIRCLE) **S M L XL 2XL 3XL**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

**EMERGENCY CONTACT PHONE** \_\_\_\_\_

**I HAVE READ AND AGREE TO THE TERMS OF THE LIABILITY WAIVER BELOW (WAIVER MUST BE SIGNED BY PARTICIPANT) IF UNDER 18, A PARENT OR GUARDIAN MUST SIGN.**

**WAIVER: I UNDERSTAND THAT MY PARTICIPATION IN THE TEAM KAREEM WALK IS VOLUNTARY AND AT MY OWN RISK. UNDER NO CIRCUMSTANCES WILL TEAM KAREEM MEMORIAL FOUNDATION, ITS STAFF, BOARD OF DIRECTORS OR VOLUNTEERS WITH THIS EVENT BE RESPONSIBLE FOR ANY INJURY OR DAMAGES INCURRED BY ME OR MY PROPERTY. I AGREE TO PERMIT THE FREE USE OF MY NAME AND PICTURE IN ANY BROADCAST/TELECAST OR SOCIAL MEDIA OF THE EVENT.**

**SIGNATURE** \_\_\_\_\_