



Walk Registration Form may be copied

Waiver: I hereby waive and release any and all claims for injuries and damages for myself and all listed dependents against Parents Loving Children Through Autism Foundation, event sponsors, venue management, The City of Scranton, and all personnel for any injury I, or all listed dependents, might suffer during or as a result of this event. I attest that I, and all listed dependents, are physically fit and prepared for this event. I grant full permission for organizers to use photographs and/or quotations of all listed dependents and myself for legitimate accounts of this event and promotion of PLCTA Foundation.

PLCTA Foundation is not responsible for any items lost or stolen at any time before, during or after the event. I understand that I am fully responsible for all listed dependents for the duration of the event and must accompany them at all times.

Walkers Signature _____ Date _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Please indicate number of shirts needed. (1 per walker)
Adult sizes: S ___ M ___ L ___ XL ___ 2XL ___
Child M ___
Must be present day of walk to receive shirt

Number of paid walkers _____

Number of childrens(under 18) shirts ordered ___ x\$5

Total money enclosed _____
\$20 x number of registered adults plus \$5 x number of childrens shirts

Complete all information
Please print clearly.

Please return by April 1, 2017
for early registration deadline

Please detach and mail with payment enclosed to:
PLCTA Foundation 1243 Wyoming Ave. Scranton, PA 18509