

# The Witches Walk

## Magic Does Not Mend Brain Tumors

October 27, 2007 - 3 miles along the Charles River in Cambridge, MA

### Registration Form

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_



Proceeds benefit MIT BrainTrust and T.H.E. BRAIN TRUST ([www.braintrust.org](http://www.braintrust.org)) to raise awareness of brain tumors, subsequent brain injury and related conditions in our community and to conduct vital support programs. Contributions are tax deductible to the extent of law.

To Register for **The Witches Walk**, check the boxes that apply to you, and return these two forms with your payment.

- I will pay the registration fee. \$ 15.00  
 I am making an additional donation \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

- I enclosed a check payable to T.H.E. BRAIN TRUST  
 I will pay online by credit card at [www.braintrust.org/donate](http://www.braintrust.org/donate) (Include "Witches Walk" in special instructions) and I will fax or mail in my forms

- Beyond the registration fee, I plan to raise additional funds by asking for donations from friends, family, and others. My fundraising goal is:  
 \$50 (free T-shirt)  \$100 (T-shirt + book)  \$250 (T-shirt, book, CD)  
 \$500 (T-shirt, book, \$50 gift card)  other amount: \$ \_\_\_\_\_

- Due to financial limitations, I request a waiver for my registration fee.  
 I still plan to raise funds by asking for donations from friends, family, and others.  
My fundraising goal is:  
 \$15  \$50 (free T-shirt)  \$100 (T-shirt + book)  \$250 (shirt, book, CD)  
 \$500 (T-shirt, book, \$50 gift card)  other amount: \$ \_\_\_\_\_

- I would prefer to go on a shorter version of the walk. (.5 miles)  
 I would like to request a buddy to walk with me.  
 I will be using an assistive device (example: cane, wheelchair, scooter)  
Describe the equipment and give any additional information that may help us accommodate you: \_\_\_\_\_

Please fax this 2 page form to 617-876-2332

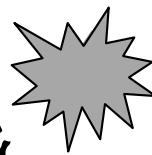
Questions? Call 617-876-2002 x5

Or mail both pages to  
THE BRAIN TRUST Witches Walk  
186 Hampshire Street  
Cambridge, MA 02139

# The Witches Walk

Magic Does Not Mend Brain Tumors

## Consent Form



### ASSUMPTION OF RISK, RELEASE AND PERMISSION

The Witches Walk, on October 27, 2007 involves walking or an alternative means of self transport – an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my participation in the The Witches Walk and related activities.

It is my responsibility to dress appropriately. Although rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to participate in this event.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue MIT or T.H.E. BRAIN TRUST, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in this event and related activities – whether resulting from the negligence of any of the above or from any other cause.

My assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I grant full permission to the organizers of this event to use, re-use, publish and re-publish my name and image as a participant in the event in photographs, video or other recordings.

I have read, understand and agree to the terms of this agreement.

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

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

Signature: \_\_\_\_\_