

ENOA Walkathon Registration Form 2024



Our goal is to help the ENOA’s Nutrition Division raise funds to provide various activities at all ENOA senior centers. We hope that you will participate in the walkathon to the best of your ability and you have a great time doing so. We also hope to bring more awareness to ENOA senior centers in the area and to honor the older adults in the community. Thank you in advance for your participation.

Registration Fee: \$5 Registration Fee if pre-registered before walk, \$10, day of walk; Children under 12 and Groups of 7 or more \$5

Check-in Time: Friday, September 20, 2024 @ 8:30am **Walk Start Time: 9:00am**

Location: Benson Park, 7028 Military Avenue, Omaha, Nebraska

REGISTRATION INFORMATION: Please complete one (1) registration form per person. **PLEASE PRINT.** (ENOA will not sell your information to a third party.)

Name:	Age:	Sex:
Address:		
Telephone: Home:	Cell:	
E-mail:		
Emergency Contact:	Emergency Phone:	Relationship:

In consideration of you accepting this entry, I, the participant, intending to be legally bound hereby waive, release, and discharge any and all claims for damages of death, personal injury, or property damage which I may have or which hereafter accrue me against Eastern Nebraska Human Services Agency (ENHSA), Eastern Nebraska Office on Aging (ENOA) and ENOA’s Nutrition Division, City of Omaha, City of Omaha Parks and Recreation, its officers, directors, trustees, employees, agents, contractors, and public agencies associated therewith from and against any and all liability arising out of or connected in any way with my participation in this event, including the event sponsors and their employees, officers, and directors. I further understand that accidents and injuries can arise out of the event; knowing risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for any loss or damages. It is further my understanding and agreement that this waiver, release, and assumption of risk is to be binding of my heirs and assigns. It is the intentions of the parties hereto that the provision of this paragraph be interpreted to impose on each party responsibility for their own negligence. I further understand that my photo and/or likeness may appear in newspapers, on television, on social media websites, in ENOA and ENOA Nutrition publications or other communication tools pertaining to ENOA and ENOA Nutrition.

I acknowledge that I have been fully informed of the risks and damages involved in this event. I further acknowledge and agree that I have read and understood the above warning, waiver, assumption of risk, release of liability, and media release. I also acknowledge and agree that the reasons for my being requested to sign this release has been fully explained to me and I understand them. I am assigning this release of my own free will and I have not been influenced or coerced by any representative or employee of ENOA or ENOA’s Nutrition Division.

I certify as a material condition to my being permitted to enter this event that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature of Participant: _____ Date: _____

Pre-register: Make check payable to: ENOA, Attn: Walkathon, 4780 South 131st St., Omaha, NE, 68137

For Information contact: Christina Ochoa christina.ochoa@enoa.org, 402-444-6513