



Walk Through the PARC
Registration Form
Saturday, September 29, 2007

Powell Archaeological Research Center
(501(c)(3) Organization)

5500 Collinsville Road · Fairmont City, Illinois 62201
(618) 271-4920 - www.powellarchaeology.org

Name: _____ Phone #: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Registration Fee: \$30 advanced \$35 same day Payment type: check cash
(includes T-shirt and is tax deductible)

I am unable to participate in the walk, but support the effort with a donation of \$_____.

Pledges: No. _____ Amount _____ Attach pledge forms (these may be turned in up to day of event)

Walk Segment: St. Louis side only (2 miles)
St. Louis to E. St. Louis (4 – 4 1/2 miles)

T-shirt size: Medium Large X-Large XX-Large

Send completed Registration/Waiver and Pledge Forms with Registration Fees and Pledges (make checks payable to PARC) to: Lucretia Kelly, 502 Dianne Avenue, Columbia, IL 62236

Direct any questions to Lucretia Kelly at (618) 281-5369 or lkelly@powellarchaeology.org

I have carefully read the Release Waiver on the back of this form (pg 2) and fully understand its contents. I am aware that this is a release of liability and I sign of my own free will.

Signature _____ Date _____
(Participant)

Signature _____ Date _____
(Parent/Guardian for Participant under 18 years old)

Release Waiver:

1. I understand that any execution of this Waiver is a prerequisite for participation in the “Walk Through the PARC” event. I further understand that there are risks and dangers, including death, inherent in participating in the “Walk Through the PARC”, which consists of a walk of approximately 2 miles, or 4 to 4 1/2 miles.
2. I understand that in order to participate in the “Walk Through the PARC”, I assume all risks and release and hold harmless the Powell Archaeological Research Center, participants, event sponsors, organizers, volunteers, any of their affiliates, divisions, employees, officers, directors, and all government and public entities including but not limited to the State, County, and local municipalities where the walk is to take place (collectively the “Release Parties”).
3. I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had on my own behalf and on behalf of my survivors, heirs and estate, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in the “Walk Through the PARC”. This release constitutes a complete release, discharge, and waiver of any and all actions or causes of action against the Released Parties, including claims for wrongful death.
4. I understand and agree that this release applies to personal injury, property damage, or wrongful death that I may suffer, even if caused by the negligent actions or omissions of others. I understand that by agreeing to this release that I am assuming full responsibility for any and all risk of death or injury or property damage suffered by me while participating in the “Walk Through the PARC”. I understand and agree that this release will be binding on my heirs, my personal representatives, and my assigns.
5. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing through “Walk Through the PARC”. I acknowledge that participating in a Walk involves strenuous, sustained activity that can severely tax both the cardiovascular and muscular system. I know that injuries can range from sprains, pulled muscles, knee and joint injuries, to paralysis or death. I assume full responsibility for any injuries or damages from the inherent risks of the “Walk Through the PARC”.
6. I agree to allow the Powell Archaeological Research Center and its affiliates and sponsors the use of my name, portrait or picture as well as my voice, likeness/appearance, in edited and unedited form, in connection with the “Walk Through the PARC” for any purpose related to the advertising or promotion of the “Walk”, present or future.

Note: A \$50 charge will apply to checks returned for insufficient funds



**Walk Through the PARC
Pledge Form
Saturday, September 29, 2007**

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www.powellarchaeology.org

Pledger's Name: _____ Phone #: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Walk Through the PARC Participant's Name _____

Amount Pledged: _____ (remember all donations are tax deductible!)

Thank you for your Support!



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Thank you for your Support!