



# COASTAL SENIORS

## 5K Walk

Saturday, March 23 @ 10 a.m.  
Gualala Point Regional Park

WALK WITH COASTAL SENIORS TO CELEBRATE THE  
2019 MARCH FOR MEALS CAMPAIGN  
TO RAISE AWARENESS FOR SENIOR HUNGER & ISOLATION

**ALL PROCEEDS SUPPORT MEALS ON WHEELS**

**\$35 Registration for Adults**

**\$20 for Youth 17 & Under**

- or -

**Raise \$100 in pledges and registration is free!**

### Day of Event

**Shuttle Service begins at 9:00 a.m.**

**Registration/Sign-in from 9:00 a.m. - 10:00 a.m.**

**Register online at**

**<https://2019marchformeals.brownpapertickets.com/>**

**or call Coastal Seniors at (707) 882-2137**



# REGISTRATION FORM

Return by mail to: Coastal Seniors, PO Box 437, Point Arena, CA 95468

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

I would like to register:

- As an individual
- As a team member

Name of team: \_\_\_\_\_

Name of senior you are honoring: \_\_\_\_\_

Registration Fee:

- Adult over 18 years +: \$35
- Youth under 18 years old: \$20
- I will collect at least \$100 in pledges to cover the cost of my registration (a pledge form will be sent to you).

**\*We accept cash, checks to COASTAL SENIORS, or credit/debit card payments over the phone at (707) 882-2137.**

T-shirt size:

Adult:

- Small
- Medium
- Large
- X-Large

Youth:

- Small
- Medium
- Large



## Liability Waiver Release

I certify that I am in good health to participate in the March for Meals 5K Walk. I hereby consent to receive medical treatment; which may be advisable in the event of injury, accident, and/or illness during this activity or event. I hereby release and hold harmless COASTAL SENIORS, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releasees or others, and assume full responsibility for my participation. This is to certify that I do consent and agree not only to my release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

