

1st Annual “Jeff Phillips Memorial Walk” Registration:

Team Name (if applicable): _____

Participants Name: _____

Street Address: _____ Phone: _____

City: _____ Postal Code: _____

Email address: _____

- Yes, I would like to receive information in the future regarding any events or services by Family Service Windsor-Essex County
- No, I do not want to receive information in the future

If you are registering as a walker, please send or drop off registration form and signed waiver release form to:

Family Service Windsor-Essex County
235 Eugenie St., W Suite 105A
Windsor, ON N8X 2X7
Attn: Danette Dutot/Katie Cada

All walkers **must complete and sign** the waiver release and submit all forms together.

Liability Waiver:

As a participant in the 1st Annual Family Service Windsor-Essex County “Jeff Phillips Memorial Walk”, I agree to assume all risks of personal injury, death, or property loss that occurs as a participant.
(Parent or guardian signs for walkers under 18 years of age)

Signature: _____

Date: _____

All information collected is confidential and not released to anyone, it will be used only for the purpose of the Jeff Phillips Memorial Walk unless you have indicated you would like to receive other materials or notifications.

