



greeNR

NEW RO WALKS!

REGISTRANT

Name _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

Neighborhood name _____

EMERGENCY CONTACT

Name _____ Phone _____

RELEASE

The undersigned hereby release the City of New Rochelle, Department of Parks and Recreation, its employees, agents, volunteers and partners of any liability whatsoever, in connection with any damages and/or injuries that the above named person may sustain as a result of his/her participation in the above-named program.

Signature _____

Date _____

FOR MORE INFORMATION

- I am interested in joining a Neighborhood Walking Group
- I am interested in leading a Neighborhood Walking Group
- Please add my name to mailing lists for future events

FREE GIFT!

The first 300 pre-registrants who attend the event will receive a FREE pedometer courtesy of Walgreens. Fill out form and mail to: New Ro Walks, City of New Rochelle Parks and Recreation 515 North Avenue New Rochelle, NY 10801 or register on line at

www.newrochelleny.com/newrowalks