

LIFE WITHOUT LIMITS

June 6, 2010
DCR's Castle Island, South Boston, MA



DONORS We encourage you to raise money above and beyond the \$25 registration entry fee per person to support our programs and services. Suggested target goal: \$100 per person above and beyond the entry fee.

TEAM UP! Ask your employer about a matching gift program.

Name	Address	Donation \$
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

DIRECTIONS TO DCR'S CASTLE ISLAND
2080 DAY BLVD, SOUTH BOSTON, MA 02127

BY CAR From Interstate 93/Southeast Expressway, take the Columbia Road/UMass/JFK Library exit to the rotary adjacent to the Bayside Expo. Follow signs for Day Boulevard. Follow roadway east along the shore all the way to the end.

BY PUBLIC TRANSPORTATION Ride the following MBTA buses to the end of the line: City Point – Downtown via Northern Ave; City Point – Downtown – Bayview; City Point – Copley Sq. via Broadway; and City Point – Copley Sq. via Andrew. For more information, call MBTA Travel Information at 617.222.3200 or log on to www.MBTA.com.

PARKING Public parking is available at DCR's Castle Island.

**For the safety of all participants, bicycles, roller blades, and skateboards are not allowed on the course. All dogs, including service dogs, must be on a leash.*

PLEASE R.S.V.P. BY MAY 28TH TO:

Sheri Wasserman at 617.926.5480 ext.238 or email: swasserman@ucpboston.org
United Cerebral Palsy of MetroBoston, 124 Watertown Street, Suite 2F, Watertown, MA 02472

United Cerebral Palsy of MetroBoston

LIFE WITHOUT LIMITS 5K WALK & ROLL REGISTRATION FORM DCR'S CASTLE ISLAND, SOUTH BOSTON, MA

Thank you for participating in UCP of MetroBoston's Third Annual Life Without Limits Walk and Roll! Please complete and sign this registration form. *Be sure to read the waiver of liability before signing.**

Throughout our 60 year history, United Cerebral Palsy of MetroBoston has been committed to providing services and supports to people with disabilities and their families. We strive for excellence by ensuring that our mission—to advance the independence, productivity, and full citizenship of people with disabilities—is achieved.

The future of United Cerebral Palsy of MetroBoston relies on its ability to be a constant force within the community making one miracle happen at a time for people with disabilities.



WALK SCHEDULE

9:00A.M.–10:00A.M.
10:00A.M.–12:00P.M.

Registration
Walk & Roll

POST WALK EVENTS

Music by **adam ezra group**

Incentive prizes will be awarded to walkers who raise the highest donations.

Join in our raffle too!

Light refreshments will be provided.

Have fun, and remember...*Life without limits for people with disabilities.*

REGISTER ONLINE AT WWW.UCPBOSTON.ORG

PARTICIPANT INFORMATION

(PLEASE PRINT)

Name (Last, First) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____

Email _____ @ _____

TEE-SHIRT SIZES

(Tee-shirts will be distributed during registration on the day of the event.)

CHILDRENS [] S [] M [] L ADULTS [] S [] M [] L [] XL [] XXL

WALK REGISTRATION

Adults \$25 Children (10 and under) \$15

Cash Check

MC Visa AMEX

Exp. date: ____/____

Zip code card is billed to: _____

**Please make your checks out to
UCP of MetroBoston**

I will not be able to participate in the event, however, please accept my gift in the amount of \$_____

*RELEASE AND WAIVER OF LIABILITY AND CONSENT

(EACH PARTICIPANT MUST READ AND SIGN BELOW)

I, the undersigned, in intending to be legally bound, do hereby for myself, my heirs, and executors waive and release forever any and all claims for damages that I may have against the sponsors, walk officials, United Cerebral Palsy of MetroBoston and any person associated with this event for any and all injuries suffered by me. The undersigned is aware of the risks of participation in the Event which is a five kilometer walk on public walkways and streets. If a minor child accompanies me and participates in the Event, I shall be responsible for supervising such minor child (or children). I attest that I am physically fit and prepared for this walk.

I agree to permit the use of my name and/or likeness in any record or communication relating to the Life Without Limits for any legitimate purpose, without compensation or remuneration.

Participant's Signature

Date

Parent/Guardian Signature (for participants under 18)

Date