

REGISTRATION FROM

Deadline for registration by mail is Oct. 1st 2009

Waiver and Release:

I agree and acknowledge that I am participating in the Walka-Thon ("the Event") on my own accord and that any minor children attending the Event with me are similarly bound by this waiver and release. I freely and knowingly represent and warrant that I and any children attending the Event with me are physically and mentally fit and able to participate, and I do hereby assume responsibility for my own well-being and the well-being of any minor children attending the Event with me. I am fully aware that physical injury might occur to me or the minor children attending the Event with me as a result of participation in the Event, and I hereby assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or other loss, regardless of severity, which I or minor children attending the Event with me may sustain as a result of participating in any and all activities associated with the Event.

In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I or minor children attending the Event with me may have as a result of participation in the Event against NAPNAP, the Ohio Chapter, the NAPNAP Foundation, and their respective directors, officers, employees, members, staff, and all individuals assisting in conducting these activities ("the Released Parties"), and I, on behalf of my self and any children attending the Event with me, hereby fully release and discharge them from any and all claims which may accrue to us or our heirs, executors, administrators and assigns arising out of or in any way connected with our participation in the Event. I, on behalf of myself and any minor children attending the Event with me, further agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims arising out of or in any way connected with our participation in the Event.

Walker's Signature or Signature of Walker's Parent or Legal Guardian:

Date: _____

Print name _____

Names of minor children attending Event with Walker:

(Must be signed by a parent or legal guardian if Walker is under 18 years old.)

Directions

From the east

Take I-70 W toward DAYTON Take exit #44/SPANGLER RD/CINCINNATI onto I-675 S toward #44A/CINCINNATI Take exit #17/N FAIRFIELD RD Turn Right on N FAIRFIELD RD - go 0.20.4 Turn Left on COL. GLENN HWY

From the West

Take I-70 E Take exit #33A/DAYTON onto I-75 S Take Left exit #54C/WEBSTER ST onto OH-4 N toward SPRINGFIELD Take the FAIRBORN exit onto OH-444 N Turn Right on KAUFFMAN AVE Turn Right on NATIONAL RD Turn Left on COL. GLENN HWY

From the North

Take ramp onto I-75 S Take Left exit #54C/WEBSTER ST onto OH-4 N toward SPRINGFIELD Take the FAIRBORN exit onto OH-444 N Turn Right on KAUFFMAN AVE Turn Right on NATIONAL RD - go 1.32.1 Turn Left on COL. GLENN HWY

From the South

Take I-75 N Take exit #43/COLUMBUS onto I-675 N Take exit #15/W.P.A.F.B. AREA B/COL GLENN HWY Take ramp toward COL. GLENN HWY. Turn Left on COL. GLENN HWY



KYSS Across America

NAPNAP

OHIO CHAPTER

2 Mile Walk-a-thon

Saturday,

October 17, 2009

Wright State University

3460 Col. Glenn Hwy

Dayton, Ohio



Schedule of Events

10:30 am Registration/Check-in
 11:30 am Walk begins
 1:30 pm Walk ends

How to Register

Fill out the enclosed registration form and mail it in. On-site registration will also be available. Invite your family, friends and co-workers to join the walk. Direct donations are also welcome.

Entry Fee

Individual \$20.00

On site fee \$25.00

Family.....\$50.00

On site fee \$55.00

Each entry fee will receive a complimentary KYSS T-shirt. Each family entry fee will receive two shirts. Wear comfortable shoes and dress for the weather – ***KYSS Across America is rain or shine.*** Support for the KYSS Program can also be made in the form of direct donations.

All checks should be made payable to Ohio NAPNAP.

Mail all registration forms, fees & donations to:

Mary Gangliano, Bookkeeper
 Ohio NAPNAP-KYSS Program
 P.O. Box 634
 Zoar, Ohio 44697

Note: If you are not able to make it to the Walkathon, please mail your donations to the above address.

KYSS PROGRAM

As a result of the high incidence of psychosocial morbidities in children and adolescents, an urgent need exists to raise public awareness of these problems, correct common misperceptions, and implement preventative interventions targeted at building assets in children and their parents.

To address this need the National Association of Nurse Practitioners (NAPNAP) launched a national program, KYSS: Keep your children/ yourself safe and secure that is geared toward the prevention and subsequent decrease of physical morbidities in children and teens.

The program emphasizes educational behavioral interventions to teach children, youth and their parents all aspects of physical and emotional safety (eg, prevention of violence, motor vehicle accidents, cigarette, drug, and alcohol use, physical, emotional, and sexual abuse, and sexually transmitted diseases) and to build self-esteem, as well as other developmental assets (eg, coping and problem solving skills).

*To learn more about the NAPNAP
 KYSS Program
 or
 KYSS Across America
 visit the national website at
 www.napnap.org*

Walker Information

(Please complete all required information).

Bring this form to the walk-a-thon.

Name: _____

Address: _____

City: _____ State: ____ Zip: ____

Phone: _____ E-mail: _____

T-Shirt Size S M L XL

Must be signed by a parent or legal guardian if Walker is under 18 years old.)



KYSS Across America

is a one-day walk-a-thon event in multiple host cities across the U.S.

Free Blood Pressure Screening done prior to the walk