

# Registration Form

ONE PERSON PER FORM, THIS FORM MAY BE COPIED. Please fill out form for Minor Children also.

(Please Print)

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

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Please make checks payable to:  
Food Allergy Association of WI or FAAW

Mail registration to:  
Food Allergy Association of WI  
2722 Union Street  
Madison, WI 53704



The Food Allergy Awareness Walk raises funds that are vitally needed to support community awareness and education programs, as well as research on a national level. It is a fun, family- oriented way to raise food allergy awareness, raise money and walk for a cause!

Become a Team Captain or Member, if you would like to walk with a group of friends, family or co-workers who have joined to fund raise and walk.

Be An Individual Walker, if you are not planning to join a team and will fund raise on your own.

Be An Virtual Walker, If you are unable to attend the event because of location or prior commitment, you can still participate by registering as a virtual walker.

Help By Being a Volunteer, participate by volunteering to join a committee. People are needed to help with sponsorships, logistics, publicity, and walker recruitment. Volunteers also will be needed on Walk day.



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For More Information  
Contact:  
Food Allergy Association  
of Wisconsin, Inc.

Sheree' Godwin  
(608) 575-9535  
sheree@foodallergywis.org

[www.foodallergywis.org](http://www.foodallergywis.org)



## 2015 Food Allergy Awareness Walk

August 8, 2015

Warner Park  
2930 N Sherman Ave  
Madison, WI

9:00am Registration  
10:30am Official Walk Time

Honorary Chair  
John Stofflet from NBC-15



**What is a food allergy?**

The immune system mistakenly believes that a harmless substance, in this case a food item, is harmful. In its attempt to protect the body, it creates specific IgE antibodies to that food. The next time the individual eats that food, the immune system releases massive amounts of chemicals and histamines in order to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system.

**What are the symptoms of a food allergy?**

Symptoms of food allergy affect the skin (e.g., hives; swelling of the lips, tongue, and face), respiratory system (e.g., shortness of breath, wheezing), and the gastrointestinal tract (e.g., abdominal pain, vomiting). If left untreated, these symptoms can be fatal.

**Is there a cure for a food allergy?**

There is no cure for food allergy. Avoidance is the only way to prevent an allergic reaction to food.

**You Can Make a Difference....Take the Food Allergy CHALLENGE!**

- C** Call a friend about your efforts.
- H** Have your employer support you.
- A** Ask a neighbor to get involved.
- L** Letters to far away friends asking for help.
- L** Letters to relatives requesting their assistance.
- E** Enlist one sponsor for the Walk.
- N** Nice job! You are making a difference!
- G** Go find five people to participate in the Walk.
- E** Encourage others with food allergies to get involved with the Walk.

The 2006 Food Allergy Awareness Walk



**Waiver:**

(Each participant must read and sign below)

I, the undersigned, agree to indemnify and hold harmless the Food Allergy Association of WI, Inc. (FAAW) from all cost, expense and liability arising out of my or my child's participation in this event to benefit the FAAW. I do hereby waive all claims for damage or loss to me or my child's person, or either of our property, which may be caused by any act or failure to act by FAAW, its officers, employees, volunteers, event vendors and sponsors, and other agents, arising directly or indirectly from my or my child's participation in this event.

Further on behalf of myself and my child, I freely and voluntarily assume all of the risks and legal responsibilities, both foreseeable and unforeseeable, of participating in this event, and any resulting damage, loss, or liability.

**IMPORTANT! Participants under age 18 must have this form signed by a parent or legal guardian.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I authorize the use, copyright, or publication of my child's/self/family's name, image or voice as may be captured by photographer or recording while participating in events and related activities in any medium for any purpose, including illustration, promotion or advertisement

Check here if your company has a matching gift program. Please include form in envelope.