



**Larry Picarello Memorial "Be Well"  
Stroll by the Ocean  
to Support  
Coastal Volunteers In Medicine**

**Saturday, October 16, 2021**

**12:30 p.m.**

**Holy Trinity Church**

**5800 Long Beach Boulevard, Brant Beach, NJ 08008**

**Refreshments**

**NonProfit Fair**

**T-Shirts**

**Please join us for a two-mile walk by the ocean in memory of Larry Picarello, a full time resident of LBI who passed away in April of 2020. Larry gave his time and energies to Coastal VIM in their efforts to provide health care to those who cannot afford insurance and who are not eligible for Medicaid.**

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**I would like to participate in the Larry Picarello "Be Well" Stroll by the Ocean:**

**Adult: \$25 Students: \$20 Children Free**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**T-Shirt Sizes: (circle): Child: M L Adult: M L XL XXL**

**I would like to sponsor the Larry Picarello Memorial "Be Well" Stroll by the Ocean. (sponsors will have signs signifying their sponsorship posted at the event).**

**Business Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Donation: \$100** \_\_\_\_\_ **Other:** \_\_\_\_\_

Waiver: I know that participating in this event is a potentially hazardous activity and that I should not participate unless I am medically able. I agree to abide by any event official relative to my ability to safely complete the stroll. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effect of the weather, including low or high temperatures and/or humidity, traffic and conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release Coastal Volunteers in Medicine and all sponsors, their representatives and employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in this waiver. Further, I grant to all of the foregoing authority to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

**Please Respond by October 1, 2021**

**Walk Ups Welcome**

**CVIM PO Box 99, Manahawkin, NJ 08050**

**917-535-9605**

**<https://coastalvim.org>**