

REGISTRATION FORM



Walk Participant's Name: _____

WALK DAY EMERGENCY CONTACT NAME

WALK DAY EMERGENCY CONTACT PHONE

WAIVER

I am physically fit and medically able and/or have received medical clearance to participate. In consideration for my application to participate in the **2019 St. Mark AME Church Faith Walk** being accepted, I, on behalf of myself, my heirs assignees, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may occur as the result of my participation. I also grant full permission for the organization to use photographs of me in legitimate accounts of this event.

By submitting this registration form, you are accepting the above waiver and participate at your own risk.

DATE _____ SIGNATURE (REQUIRED) _____ PARENT'S SIGNATURE (IF UNDER 18 YEARS OLD)
(IN ADDITION TO CHILD'S SIGNATURE)

WALK NUMBER ISSUED: _____ REGISTRANT'S INITIALS: _____

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