



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Each Participant must read and sign below:

Waiver of Release and Liability:

I, the participant, intending to be legally bound and having read and understood the waiver in its entirety, hereby waive or release any and all right and claims for damages or injuries that I may have against the Children's Network of Southwest Florida, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, information, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature: _____

Date: _____

Parent or Guardian (If walker is under 18):

Signature: _____