Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER RELEASE FORM:**

I know that participating in a walk is a potentially hazardous activity. I should not enter and participate unless I am medically able to do so. I assume all risks associated with participating in this event including but not limited to: falls, contact with other participants, the effects of weather, traffic and course conditions, all such risks being known and understood by me. I am aware that medical support for this event will be provided by volunteer personnel that may be called upon to provide assistance, including first aid, to me during the event. I authorize any such volunteer to assist me or to perform such assistance as, in the opinion of Walk4HOPE, such person may be necessary or appropriate. I understand that Walk4HOPE assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any walk official relative to my ability to safely complete the walk. I hereby grant permission to Walk4HOPE and its sponsors to use the photographs of me from a distance or from behind (no photographs of your face will be taken), motion pictures, recordings, or any record of this event for legitimate purposes. I agree to abide by the rules of this walk as stated in official walk information. Having read this waiver, and knowing these facts, and in consideration of your acceptance of my walk entry, I, for myself and anyone entitled to act on my behalf, do hereby release and discharge Walk4HOPE, and all sponsors, representatives (including event volunteers), and employees of any of them, from all claims or liabilities of any kind arising out of my participation in this event.

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

**Signature parent/guardian if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

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**If you would like a T-Shirt, please circle the size desired: S M L XL 2X 3X 4X 5X.**

**NOTE: the DEADLINE for T-Shirt Orders is October 11, 2016. For sizes S-XL, the cost is $7.75 per person. For sizes 2X and above, please add an additional $2.00. Checks or money orders should be made payable to “Lighthouse Counseling Services.” We Accept Cash, Check, Money Orders or Credit Cards. Call the Lighthouse Administrative Office at 614-337-1986 to provide your credit card number.**