

Open Arms Pregnancy Clinic

Walk For Life Participant

WAIVER OF LIABILITY

In consideration for participating, the undersigned, or any personal representative, shall not make any claim against, maintain an action against, or recover from Open Arms Pregnancy Clinic for any injury, loss, damage, or death resulting from my participation in this event. Further, if the participant is under eighteen (18) years of age, on behalf of myself and any other parent or guardian of my child, I hereby release, indemnify and hold harmless Open Arms Pregnancy Clinic from any and all liability for any loss or injury, including death, my child may suffer while participating as a result from participation in this activity. Additionally, I hereby authorize the use of my photo or likeness, regardless of media, by Open Arms Pregnancy Clinic.

Signature of Participant: _____

Date: _____

Signature of Participant: _____

Date: _____

Signature of Participant: _____

Date: _____

Signature of Participant: _____

Date: _____

Please list names of all minor children participating:

Signature of Parent or Legal Guardian: _____

Date: _____