



Participant Registration Form

Name of participant: _____

Age (if under 18, name of legal guardian): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Walk location: _____

Waiver and Release

I, _____, understand that participating in an event such as this one can be a potentially hazardous activity. I should not participate unless I am medically and physically able to do so, and it is my sole responsibility to determine whether or not I am able to participate. I understand the nature of the event, and I assume all risks for my voluntary participation. I understand that risks may include, but are not limited to, falls, contact with other participants, personal injury, and extreme weather (i.e. temperatures, precipitation). I understand that the registration fee is non-refundable. Knowing the information stated above, I, myself and on behalf of my executors, heirs, administrators, or anyone else who may make a claim on my behalf, agree not to sue, waive all claims against, and fully release and discharge the Hard Places Community, International Outreach Ministries, event workers, event participants, any and all representatives of the aforementioned organizations, and all other organizational bodies connected with the event. I further grant full permission to the Hard Places Community and other agents authorized by them to use any photographs, video tapes, motion pictures, or other record of the event for any reasonable purpose.

Signature of participant: _____ Date: _____

Signature of legal guardian (if participant under 18): _____ Date: _____

COME JOIN A JOURNEY AGAINST CHILD SEX TRAFFICKING