



walktheirwalk

5 K WALK / FUN RUN

Saturday, Nov. 14, 9am
REGISTRATION & Liability Waiver

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS: _____

CONTACT PHONE: _____

**All participants are expected to get sponsors or make a minimum tax-deductible
of \$25 contribution to this event.
Checks should be made out to BBPC with WTW in the memo line.**

walktheirwalk Liability Waiver

I know that walking / running is a potentially hazardous activity. I should not join and walk or run unless I am medically able and/or cleared by a physician to do so. I assume all risks associated with participating in the Walk Their Walk event including, but not limited to: falls, contact with other participants, the effect of the weather, conditions of the walking path, all such risks being known and appreciated by me. I, for myself and anyone entitled to act on my behalf, waive and release Walk Their Walk organizers, Bound Brook Presbyterian Church, Somerset County Park's Commission, World Vision, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I further grant permission to Walk Their Walk, Bound Brook Presbyterian Church and World Vision and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

(Please Print)

Participant: _____ Date: _____

Signature: _____ Date _____

(Parent or guardian signature and print name if participant is under 18 years of age.)