

Walk Release Form

Walk Release (Must be signed by participant in order to be eligible to participate in the walk). I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event and I hereby release and hold harmless and covenant not to file suit against Lincoln University or The Women's Center, and employees, and all other persons or entities associated with this event (the "Releases") from any loss, liability or claims I may have arising out of my participation in this event, including personal falls, contact with participants, conditions of the course negligence of the releasees or otherwise. If I do not follow all of the rules of this event, I understand that I may be removed from the competition. I give my full permission to Lincoln University and The Women's Center to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Registrant's Signature

Parent / Guardian Signature if registrant is under 18

Date