

2011- 2nd ANNUAL

# HIKING 4 HOPE

## Living God Lutheran Church

### Participant Registration and Waiver

PLEASE PRINT ALL INFORMATION

Participant Name: \_\_\_\_\_ Age: \_\_\_\_  
Participant Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
In case of an emergency, call \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

#### I. WAIVER— Each participant MUST read and sign.

- As a participant in Hiking 4 Hope, I, for myself, do hereby release and discharge Living God Lutheran Church, the event site, their management, their officers, members, sponsors, organizers, or their representatives, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(signature of parent or legal guardian if child is under 18)

\*\*\*If you are submitting this form electronically, your signature will be required during sign up Friday, Sept. 16th.

\*\*Hiking 4 Hope is an Alcohol and Tobacco Free event.

\*\*No children under the age of 18 permitted without parental supervision.

\*\*No individual open fires permitted on property site.

II. I AM A CANCER SURVIVOR. *Optional:*  YES  NO If yes, year diagnosed: \_\_\_\_\_  
As a cancer survivor, I will participate in the Survivor Victory Lap.  YES  NO

*Living God*

LUTHERAN CHURCH

