Registration and Waiver To Attend CF Function

**TEAM HALL:**

Walker’s full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each participant must sign this waiver: I, the understated, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my or my child’s participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my child’s person or property which may be caused by an act or failure to act, by the Cystic Fibrosis Foundation, its officers, agents or employees arising directly or indirectly from my or my child’s participation in this event and I hereby assume liability for any loss, damage or other liability from such event.

IMPORTANT:

I give permission to the CFF to use any pictures, video footage etc. that is taken at the walk to use in future promotional materials.

I have read the above information. I fully understand what it means, and have signed it voluntarily.

Participant’s

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If walker is a minor a legal guardian’s signature is required here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone where a guardian can be reached today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be picking your child up at the 6-7 building in Adel prior to our return:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your student has permission to walk home please sign here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* If you will not be attending the walk with your student 6th grade and younger please complete.

What adult will be chaperoning your child on walk day ? ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is their phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_