

# St. Mary Star of the Sea and St. Gertrude Parish

## Walk-a-thon Registration with Waiver/Release

Name of Participant: \_\_\_\_\_  
(PRINT CLEARLY)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Waiver/Release

I, the undersigned, on behalf of myself or as the parent or guardian of the above-named participant, as well as my heirs, executors, administrators and assigns assume all risks associated with participation in this event (walk-a-thon) and do hereby release, waive, and forever discharge The Parish of St. Mary Star of the Sea and St. Gertrude its successors, assigns, officers, directors, employees and agents, all volunteers and personnel involved in the planning, organization and operation of this event, and all event sponsors (collectively "the released parties") from any and all claims, demands, costs, expenses, actions and/or causes of action of any kind or character whatsoever for damage or loss or injury sustained by me (or the above-named participant) including injury to person or property howsoever caused, arising out of, or resulting from, or occurring in connection with or during the course of my (or the above-named participant's) participation in this event, including pre and post event activities.

The undersigned further agrees to hold and to save harmless and to indemnify all of the released parties from and against any and all liability and damages including attorneys' fees, costs and expenses incurred by any or all of the released parties arising out of, or in any way connected with my (or the above-named participant's) participation in this event, including pre and post event activities, whether or not any such injury is caused in whole or in part by the negligence of the released parties, or of third-parties.

I attest and verify that I am physically fit to participate in this event and that I have no medical condition that prevents me from safely participating herein.

Date: \_\_\_\_\_, 2011

Signature: \_\_\_\_\_  
Participant (or parent/guardian) \*

Print Name: \_\_\_\_\_

**\*Parent/Guardian must sign if participant is under the age of 18.**