

AMAZING GRACE MISSION PLEDGE WALK

Saturday, April 26, 2008

6:30 a.m.

2008 CNH LWML Convention

Bakersfield, California

WALK REGISTRATION FORM

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Medical Information: _____

(Allergies/Medications)

(Emergency Contact - Relationship -Phone No.)

WAIVER AND RELEASE

I will not enter the walk unless I am medically able. I agree to abide by all directives of the walk relative to my ability to safely complete the walk. I assume all risk associated with walking in this event including, but not limited to, falls, contact with other participants, the effects of the weather, conditions of the walking surface, all such risks being known and understood by me.

Upon acceptance of my entry I release the Lutheran Women's Missionary League; the City of Bakersfield, California; their representatives and successors; from all claims or liabilities of any kind arising out of my participation in this event.

I grant permission to the LWML to use any photographs, motion pictures, recordings or any other record of this activity for any legitimate purpose. In consideration of the safety of all participants, I agree that baby joggers, baby strollers, headphones, animals on leashes, skateboards, skates and roller blades are all prohibited.

I acknowledge and agree that LWML is a service agency of the Lutheran Church-Missouri Synod and cannot and does not accept any responsibility for my safety and well being related to my participation in the walk.

Furthermore, I consent to such medical treatment as LWML (or any of its authorized representatives) deems necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for and fees or expenses relating to such treatment.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____