

Registration Form

Please print and complete entire form / one person per entry form.

Name		
Address		
City	State	Zip
Phone		
WAIVER: I know that participating in this walk/run i unless I am medically able and properly trained. I also this event including but not limited to falls, contact w weather, including high heat and/or humidity, and the risks being known and appreciated by me.	o assume any and all rith other participants,	isks associated with the effects of the
Knowing these facts, and in consideration of your accheirs, executors, administrators, or anyone else who resue, and waive, release and discharge St. Louis Child City of St. Louis, Forest Park, Gateway Family Churcany purpose.	night claim on my beh ren's Hospital, A Hero	alf, covenant not to 's Impact Foundation.
This release and waiver extends to all claims of every unforeseen, known or unknown.	kind or nature, whats	oever, foreseen or
Applications for minors are accepted only with a pare	ent / guardian signature	.
Signature of Participant]	Date
Parent / Guardian if Participant is under age 18]	Date