



THE ARC OF ST. LUCIE'S ANNUAL GENE LOFTON WALKATHON

Walkathon Registration, Waiver and Release Form

Acknowledgement of risk, release of liability, and bounce house & pony ride participant agreement

*This form must be completed and signed by each participant (and by a parent or guardian for participants under the age of 18) before the participant begins the event.

Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: _____ Email: _____
In case of emergency, contact: _____ Phone: _____

Payment(s) for Walking:

- Individual Walkers: \$20
- Team Walkers: \$10 off the total price
- Arc Individuals-Special Rate: \$5
- T-Shirt: \$15/per Total Shirts: _____
- Additional Donation: _____ Total Collected: _____



In consideration for being permitted to participate in The Arc of St. Lucie County Walkathon and activities surrounding the event (i.e. bounce house, pony rides etc.), I, for myself and for minors, heirs, executors, administrators and representatives, waive and release any and all rights and claims I may have against, absolve and agree to hold harmless The Arc of St Lucie County, cooperating organizations, any of their employees, agents and representatives, and any person connected with the event, their successors, assigns, heirs, executors and administrators (individually and as a group referred to as sponsors), singly and collectively, from any blame and liability for any injury, harm, loss, cost, inconvenience or other damage that may result from or be connected in any way to my participation in The Arc of St Lucie County Walkathon and the surrounding activities (i.e. bounce house, pony rides etc.) whether caused by acts, negligence, error or faults of sponsors or otherwise. I and/or my minors are physically capable of participating in the event and will adhere to all event rules and conduct myself and/or ourselves in a safe and prudent manner while participating in the event and its surrounding activities (i.e. bounce house, pony rides etc.). I consent to, for myself and/or for the minors listed below, and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

I have read this waiver and release, understand its significance, and agree to its provisions.

Participant Name: _____
Participant Signature: _____ Date: _____

Participants under the age 18 must have a legal parent or legal guardian signature below

Parent/Guardian Name: _____
Parent Guardian Signature: _____ Date: _____

Names of participants (walk and/or bounce house) under the age of 18:

Participant/minor 1: _____ Age: _____
Participant/minor 2: _____ Age: _____
Participant/minor 3: _____ Age: _____
Participant/minor 4: _____ Age: _____