

# Love 4 Life Walkathon Fundraiser 2019 for Suicide Prevention Waiver and Release of Liability/ Photo Release Form



Each participant must complete and sign a Waiver to be part of the Love 4 Life Walkathon. Completed forms should be taken to the event on Saturday, September 14th, 2019.

## Participant Registration Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_

**Waiver:** In consideration of the risk of injury while participating in Love 4 Life's Walkathon Fundraiser 2019 for suicide prevention located at Lake Perris (the "Activity") and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of actions of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Love 4 life Association, their affiliates, board members, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economic or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

**PHOTO RELEASE: BY SIGNING THIS WAIVER I HEREBY GRANT PERMISSION TO LOVE 4 LIFE ASSOCIATION TO USE MY PHOTO AND ACKNOWLEDGE THAT SINCE MY PARTICIPATION IN PHOTOS TAKEN BY LOVE 4 LIFE ASSOCIATION IS VOLUNTARY, I WILL RECEIVE NO FINANCIAL COMPENSATION.**

**Participants under the age of 18 must-have this Waiver signed by a parent or guardian.**

X \_\_\_\_\_  
Signature of Participant

X \_\_\_\_\_  
Signature of Parent or Guardian of Participant

**In the event of an emergency, please contact the following person(s)**

**Emergency Contact/ Relationship** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_