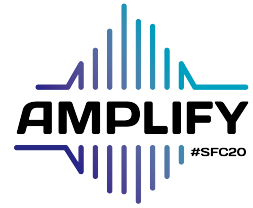




AY MINISTRIES SFC WALKATHON

WAIVER AND RELEASE FORM



Full Name: _____

Age (on event date): _____ Gender: _____

Home Address: _____

Phone Number: _____ Email: _____

EVENT DISCLAIMER: Please review the following waiver and disclaimer. By adding your signature, you accept this waiver and disclaimer.

I, _____ (Print Name), acknowledge that my participation in the Atlantic Youth SFC Walkathon on July 25, 2020 may involve a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my legal representatives and to the fullest extent permitted by law, I hereby release and discharge the Atlantic District of the United Pentecostal Church International and their respective board and representatives, of an from any and all liability for injury, death, or damages and/or any other claims, demands, losses, or damages incurred by me in connection with any aspect of the walkathon.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____
(if under 18)

