

MS Walk Waiver-Signature Required

I know that walking is a potentially hazardous activity. I should not enter the MS Walk unless I am medically able to do so. I agree to abide by any decision of a race official(s) relative to my ability to safely complete the walk. I hereby certify that I am in good health and I have trained to walk the distance of the race, which I am entering. I assume all risks associated with walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/ or humidity, traffic and the conditions of the track, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this walk, I, for myself and anyone entitled to act on my behalf, waive and release Utica High School & Utica Community Schools, volunteers, employees, their officers, directors, all states, all counties, employees, trainer, Utica & Shelby Township, and other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims all liabilities of any kind uprising out of my participation in this. I grant my permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates, or in-line skates and animals are not allowed in the event and I will abide by this policy. I also understand that baby joggers are discouraged for the safety of all participants, I am aware that personal audio devices (I- pods and MP3 headsets) are discouraged. I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition, and medical treatment as a result of my participation in this walk.

Participant Name: _____

Date: _____

Participant Signature: _____

Parent Signature (if under 18): _____

Emergency Medical Consent Form

_____ has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardians Name: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Father/Guardians Name: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

My Insurance Provider is: _____

Policy Number: _____ **Group Number:** _____

Preferred Hospital/Treatment Center: _____

My child is taking the following medications:

My child has the following allergies:

____ (Place a "X") I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is participating in the walk.

Signature of Parent or Guardian/Date
