



**Waiver Form Hunger Walk 2018**

I am at least 18 years of age (If not, you certainly may walk, we just need to know)

Parent/Guardian Name: \_\_\_\_\_

Names of All Children Participating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby waive all claims against Lighthouse of Oakland County, Inc., its affiliates, event sponsors and personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me in legitimate accounts and promotions of this event.

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Signature

Date Signed