

Race for Grace 5K GLOW Walk/Run

WAIVER RELEASE

I hereby certify the following: I am physically fit and have received medical clearance to participate in the Race for Grace 5K GLOW Walk/Run on Saturday, May 12, 2018. If I do participate, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge all the event sponsors, organizers, affiliates and officials, from any and all claims that may occur as a result of my participation.

Date: _____

Printed Name of Participant: _____

Signature of Participant: _____

Emergency Contact information:

Name: _____

Relationship: _____

Phone #: _____