

Walk Participant Release/Hold Harmless Agreement

The undersigned desires to participate in the Prevention Awareness 5k Walk/Run being sponsored by Community Choices in partnership with PREVENT!

I ACKNOWLEDGE Community Choices, PREVENT! Coalition and all the volunteers involved with the Prevention Awareness Walk will make every attempt to insure my safety while I participate in this event, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to myself or others.

I further acknowledge Community Choices and PREVENT! do not provide any accidental medical insurance coverage for the activity and that I assume all risks of injury or damage to my person or property. I agree to hold and save harmless Community Choices and PREVENT! for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described event/activity.

Participants Name _____

Participant Signature: _____ Date: _____
(If under 18 years of age, parent's signature is required below)

Signature of Parent/Guardian: _____ Date: _____
(If applicable)