

Participant Waiver



By submitting this registration, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Walk To End Hunger "Walk" Beneficiary, Western Fairfax Christian Ministries (WFCM), and Sponsor Keener Insurance Agency, Inc. and all organizations involved with the Centreville Day Parade and "Walk" including the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that walking on a roadway is a potentially hazardous activity. I should not enter and walk unless I am medically able to do so and properly trained. I assume all risks associated with walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in walking on a roadway. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any Centreville Day or Walk official relative to my ability to safely complete the Walk. I certify as a material condition to my being permitted to enter this Walk that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Beneficiary to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Adult Participant's Name (printed)	Participant's Signature	Date
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Participant's Name- Under age 18 (printed)	Parent/Legal Guardian's Name (printed)	Parent / Guardian's Signature
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*Please complete one form for each participant.
Return completed forms to donorsupport@wfcma.org.*

Date