

ANNUAL WARFORD WALK FOR WELLNESS Participation Waiver for Walkers and Vendors

RULES- There is no pre-registration for this event.

Please complete this form ahead of time and each participant must have their own form to turn in. You may not add multiple children to the same form. Extra forms will be available on the day of the event. Please wear safe walking shoes, hat, sunglasses, sun block and bring a water bottle.

Nothing is more important than the safety of all our participants during the **WARFORD WALK FOR WELLNESS** event. To help ensure this, the following Policies and Procedures for all Participants and their guests during the event have been established. Non-adherence to any Event policy is grounds for immediate expulsion from the event.

1. **Smoking is prohibited. Pets are prohibited; service animals must be on a leash.**
2. As a family-friendly event, children are welcome, but a parent or guardian must accompany any child under the age of 18 at the event and will be required to sign a Release of Liability waiver for those children.
3. You may not possess or be under the influence of alcohol or any illegal substance at any time during the **WARFORD WALK FOR WELLNESS.**
4. Participants are only allowed to walk on the designated paths.
5. You may only "walk" on the course. You may not run, use bicycles, roller blades/skates, scooters or other motorized or non-motorized means of transportation.
6. Be courteous and stay alert to other users.
7. Do not litter. Use designated trash cans.
8. Maintain safe and non-disruptive behavior at all times. Verbal harassment or physical fighting will not be tolerated.

PRIVACY AND IMAGE RIGHTS

With their entry in the **WARFORD WALK FOR WELLNESS**, the athlete hereby gives permission to the organizers and their partners to use their photographic likeness and/or recorded image obtained during their participation in the aforementioned walk for promotional material and/or advertising material.

DECLARATION OF RESPONSIBILITY

I accept that participating in the **WARFORD WALK FOR WELLNESS** event is a potential risk. I therefore voluntarily choose to participate in the event and assume all risks that may result from my participation. Such risks include falls, accidents with vehicles/competitors or spectators, weather conditions including extreme cold and/or heat and traffic and road conditions. All risks are understood and accepted.

In fully understanding what was previously written and I, for myself and for the interest of no other person or parties release the organizational committee of the **WARFORD WALK FOR WELLNESS event, Antelope Valley Partners for Health and the City of Palmdale**, all event sponsors, the respective representatives, successors, officials, directors, members, agents and employees of the above mentioned organizations of all present and future claims of responsibilities of any kind, known or unknown which may result from my participation in the event.

The organizations, actively committed to the success of the **WARFORD WALK FOR WELLNESS** event declines all responsibility for damage to people or things before, during or after the event. The event is insured according to the rules in force. At the point of check-in, the athletes automatically accept the rules and the conditions in force.

PLEASE PRINT- WE MUST BE ABLE TO READ THE INFORMATION WRITTEN ON THIS FORM

First and Last Name: _____

Age –Day of Event: _____ Circle one- Gender: Male or Female

Phone: (10 am to 5 pm) _____ (6 pm to 8 pm) _____

E-MAIL: _____

Signature: _____ Date: _____

Are you part of a team? If yes, list the organization’s name: _____

Unify your team by wearing matching: neon shoe laces, bright wrist bands, visors, crazy hats, flower leis, colored beads, tee-shirts, etc. Make it fun, bring your cameras and take pictures of your group having a great time!!!!

Parent/Guardian’s signature (If under 18 years of age): _____ Date: _____

Parent/Guardian’s name (Print): _____