Pledges for Gilchrist County Education Foundation Walk-A-Thon

Contributor	Address	Phone	Amount

Individual Information – Registration Form

Name_____

Address_____

City_____**State**_____**Zip**_____

Phone(H)_____**(W)**_____

Age_____**Sex**_____

Are you a member of a Team? YES or NO

If Yes, Team Name_____

WAIVER: READ CAREFULLY BEFORE SIGNING:
In consideration for the acceptance of my entry, I for my heirs, executors and administrators, release and forever discharge the city, county, state and district where the event is held and all sponsors, producers, their agents, representatives, successors, and assigns of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in this event, and including injuries which may be suffered by me before, during or after the event. I understand that this waiver includes any claims based on negligence, action, or inaction of any of the above parties.

_____

Signature of Participant

_____

Signature of Parent if Child is under 18

Team Information

Contact Person_____

Address_____

City_____**State**_____**Zip**_____

Phone_____**Age**_____**Sex**_____

Team Name_____

Team if a business_____**club**_____

Address_____

Phone_____