



COMMUNITY ACTION PARTNERSHIP OF LAKE COUNTY

Community Action Partnership of Lake County
10th Annual Anti-Poverty 5K
WHY I WALK 2017
Saturday, May 6th

RELEASE AND WAIVER OF ALL CLAIMS

Sign, tear-off and submit Release and Waiver when registering by mail, at the CAP office or bring it with you during check-in!

AGREEMENT REGARDING RISK OF INJURY AND RELEASE—RELEASE AND WAIVER OF ALL CLAIMS

I hereby apply to participate in the Community Action Partnership of Lake County 10th Annual Anti-Poverty Why I Walk 2017 that will begin at 1200 W. Glen Flora Avenue, Waukegan IL 60085 on Saturday, May 6, 2017.

I understand that participating in the Walk will expose me to above normal risks of harms. These risks include uneven grounds, weather elements, vehicles, collisions with other participants or unforeseen spectators or objects that may be along the route.

I represent that I have no health or physical problems that will interfere with my participation in the Walk.

I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the Walk. I understand that I am solely responsible for any injuries which may occur to me as a result of my participation in the Walk and I specifically waive my right to bring litigation against the sponsors and specifically release any right which I have to assert a negligence claim against the Walk sponsors, their agents or representatives.

I hereby fully and forever release, discharge, and agree not to sue Community Action Partnership of Lake County, Community Action Foundation of Northern Illinois, Local Walk Organizers, Local Business Sponsors, Site Owners, any other sponsors (hereafter called "Walk Sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Walk, including all claims, causes or action or liability arising out of the negligence of Walk Sponsors, their agents or representatives.

I grant full permission for organizers to use photographs, video and quotations from me in legitimate accounts and promotions of this event.

I agree to indemnify and hold harmless Walk sponsors, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the law of the State of Illinois.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian or next friend.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver. Each family member must sign a separate form to participate:

Participant Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Male: _____ Female: _____

Signature: _____

Signature of parent or guardian if under 18 years old: _____ DATE: _____