



**2019 Family Promise Hike for Hope
Waiver Form**

I hereby waive all claims against Family Promise of Bergen County, sponsors, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I am aware that there are risks and hazards involved and I hereby choose to voluntarily participate in this event. I grant full permission for the organizers to use photographs of me and quotations of me in legitimate accounts and promotions of this event.

Print Name _____

Signature _____

Parent/Guardian must sign for participants under age 16.
Participants under age 14 must be accompanied by an adult.

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Parent Signature _____