

Release and Waiver of Liability

I, _____ state the following,

1. I am a voluntary participant in The Bridge the Gap Walk, (known as “WALK”) sponsored by The Bridge Youth and Family Services. I recognize that during the Walk, I may be exposed to hazards and that the walk will require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I take this risk knowingly and voluntarily.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Walk. I represent that I am physically fit and have no medical condition that would prevent my full participation in the walk.
3. In consideration of being permitted to participate in the Walk, I agree to assume full responsibility for all risks, Injuries or damages, known or unknown, which I might incur as a result of participating in the Walk.
4. In further consideration of being permitted to participate in the Walk, I knowingly, volunteering and expressly waive any claims I may have against The Bridge Youth and Family Services and any of their affiliated entities, as well as its members, employee’s, officers, directors, agents and any other person acting for or on behalf of any of them for injury or damages that I may sustain as a result of participating in the Walk.
5. I, for myself, my heirs and legal representatives forever release, waive, discharge and covenant not to sue The Bridge Youth & Family Services, its successors and assigns, for all personal injury or death I experience by participating in the Walk.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

{IF THE PARTICIPANT IS A MINOR, THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN}

[MINORS UNDER THE AGE OF 14 MUST BE ACCOMPANIED BY AN ADULT]

Date _____

Signature: _____

Printed Name of Parent of Legal Guardian of Minor Participant (if applicable)
