



WALKATHON CONSENT FORM

In consideration of the furtherance of your purpose, objectives and work, and in consideration of your permitting me to participate in this event on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all claims for damages which I may have against the Pediatric Cancer Foundation, its directors, officers and employees and any municipalities through which the event will take place, as well as any other persons or organizations connected with the event, their heirs, executors, administrators, successors and assigns, for any and all injuries which I may suffer or damages I may sustain while taking part in this event or as a result thereof.

---

Name(s) –please indicate if under age 18

---

Signature of Participant (or parent, if participant is under age 18)

---

Date