

LOVE THE SKIN YOU'RE IN, INC  
6<sup>th</sup> Annual Walk-A-Thon

**WAIVER AND RELEASE FORM**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Male / Female (circle one)      Age: (as of ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EVENT DISCLAIMER:** Please review the following waiver and disclaimer. **By adding your signature, you accept this waiver and disclaimer.**

I, \_\_\_\_\_ (print name), acknowledge that my participation in the 5K Run/Walk-A-Thon may involve a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on the behalf of my heirs and legal representatives and to the fullest extent permitted by law. I hereby release and discharge Love the Skin You're In, Inc., and their respective directors, officers, board of trustees, members, agent and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses and damages, incurred by me in connection with any aspect of the 5K run and walk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_ (If under 18)