



2017 WALKER WAIVER FORM

(All Walkers MUST COMPLETE & SIGN This Form)

I hereby waive all claims against ALS of Michigan, Inc., sponsors, board, personnel, or employees, for any injury that I may suffer from my participation in this event.

I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any legitimate reason.

Walker Name _____
Address _____
City _____ State _____ Zip _____
Phone (Day) _(_____) _____ (Evening) _(_____) _____
Email _____
Signature _____ Date _____
<i>(Participant or parent/legal guardian, if under 18)</i>

Walker Name _____
Address _____
City _____ State _____ Zip _____
Phone (Day) _(_____) _____ (Evening) _(_____) _____
Email _____
Signature _____ Date _____
<i>(Participant or parent/legal guardian, if under 18)</i>

Walker Name _____
Address _____
City _____ State _____ Zip _____
Phone (Day) _(_____) _____ (Evening) _(_____) _____
Email _____
Signature _____ Date _____
<i>(Participant or parent/legal guardian, if under 18)</i>



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"Lou Gehrig's Disease"