



2018 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** _____
(Participant or parent/legal guardian, if under 18)

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

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



Hope • Help • Here for You™
"Lou Gehrig's Disease"