



Celebrating progress,
celebrating and strengthening...

...the sickle cell community

WALK-A-THON WAIVER

I, _____ (Print Name) acknowledge that my participation in the Fredericksburg Area Sickle Cell Association (FASCA) Walk-a-Thon, may involve a risk of injury, including bodily injury, and I assume any risks that may be associated with the walk. On my own behalf and on behalf of any heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge the Fredericksburg Area Sickle Cell Association and the Spotsylvania Family Branch YMCA and their respective Presidents, Directors, Officers, Board Members, Committee Members, Agents, and Representatives, of and in any form, from all liability in injury and or any other claims, demands, losses or damages, incurred by me in connection with any aspect of today's walk.

I also agree to the use of any photo, film, or video of the event, in which I may be included, for any legitimate purpose, including advertising and promotion.

Signature _____

Date _____

Signature of Parent _____

Date _____