



5K WALK • OCTOBER 15, 2017 • 1:00 PM • BELL MIDDLE SCHOOL • CHAPPAQUA, NEW YORK

Liability Waiver

On behalf of myself _____ [INSERT NAME]),
 (and my minor child(ren) _____, [INSERT NAME(S)]),
 if applicable) I acknowledge that I am aware that the grounds/location(s) where the 5K
 Walkathon is to be held may include stairs, busy sidewalks and streets with vehicles; dirt paths,
 grassy areas, barren areas, hills and other unimproved or natural land and foliage; and numerous
 walkers and crowded sidewalks and paths.

I also understand that the walk is not supervised and that physical injury may occur due
 to trips, falls, or other hazards arising from other walkers, from weather conditions, or from other
 conditions or occurrences at the Walkathon location.

With this understanding, on behalf of myself (and my minor child(ren)), I agree to
 assume the risks, dangers and hazards of participation in the Walkathon and related activities and
 to indemnify Montefiore and the Children's Hospital at Montefiore, its employees, personnel and
 volunteers and hold them harmless for any claims, losses, costs or damages, including attorneys'
 fees, sustained by them arising out of, or connected in any way with, such participation in this
 5K Walkathon.

 name (print please) signature

 address _____ / ____ / ____
 date

 e-mail address (optional) phone number (optional)

If walker is a minor:

 minor's name (print please) your relationship to minor

 minor's name (print please) your relationship to minor

 minor's name (print please) your relationship to minor