



# Stroll For Soles

Saturday | June 19, 2021

In benefit of Soles For Jesus

## Liability Release Waiver Soles For Jesus & Waukesha County Parks

### *Personal Information:*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Waiver:** I know that participating in this is a potentially hazardous activity. I should not enter and run unless medically able and properly trained. I agree to abide by any decision of the event organizers relative to my ability to compete in the activity. I assume all risks associated with participating in the event including but not limited to falls, contact with other participants & spectators, and the effects of the weather including extreme heat, rain, traffic and the condition of the road and or course. All such things being known and appreciated by me, having read his waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone acting on my behalf as well as any minors for whom I am responsible, waive and release any and all rights and claims for negligence, injuries, damages or losses that I may incur against Soles For Jesus, Inc., the County of Waukesha, race personnel, volunteers, sponsors, contributors, their representatives and successors from all claims and liabilities of any kind arising from participation in the event, even though that liability may rise out negligence or carelessness on the part of the persons or entities names in the waiver. I grant permission to all the foregoing to use my photographs, motion pictures, videotapes or any record of this event for any legitimate purpose. All fees are non-refundable.

\_\_\_\_ I understand and agree to the waiver and release.

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

\*Parent/Legal Guardian must sign for all participants is under the age of 18 years.

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### *Emergency Contact Information:*

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_