P.O. Box 40 Searcy, AR 72145 • www.gwam.org • 501-278-5887

A Walk In Her Shoes

_____ Sex___ Age___

Name_

Address		
City, State Zip		
Phone	E-mail	
knowingly and voluntarily enall rights, claims or causes of Walk, and do hereby release members, agents, attorneys successors and assigns, but employees, volunteers, heirs site and its agents, attorneys successors and assigns and iability, claims, demands, danereinafter may arise as a result of the successors.	s, executors, administrators, assigns, or personal representative into this waiver and release of liability and hereby waive of action of any kind whatsoever arising out of my participative and forever discharge the Walk and its affiliates, managers, employees, volunteers, heirs, representatives, predecessors siness and its affiliates, managers, members, agents, attorness, representatives, predecessors, successors and assigns, to s, employees, volunteers, heirs, representatives, predecessors all sponsors and/or beneficiaries of the Event from any and amages, actions, or causes of action now existing or which esult of my participation in the Event, whether any injury is on the negligence of myself or third parties, the conditions of the	e any and on in the es, ors, neys, the event fors, d all
Signature	Date	
Parent or Guardian if under	18	
Геат		
Tee Shirt Size		
My fundraising goal for the v	walk \$	
Amount raised: \$		
nave fresh, clean water to d	ndparents, b help you reach your goal. With your help, many people in 0 rink. You can either bring your goal with you to the walk or b will send them a statement.	