

PARENTAL/GUARDIAN WAIVER AND CONSENT
(Required if participant is under 18 years of age)

By signing below, I acknowledge that I have read or have had read to me and understand the contents of this Event Waiver, expressly grant the child or children whose name(s) is/are represented below permission to participate in the Crisis Center for South Suburbia Walk, and agree that the terms of the Event Waiver shall be binding on me and any children named on this form.

Parent/Legal Guardian's
Signature _____ Date _____
Children's Full Names (First and Last Name; Please print)

1. _____ 2. _____
3. _____ 4. _____

In the consideration of the foregoing, I for myself, my heirs, executors, administrators, personal representatives, successors, and assign, waive and release any rights, claims and causes of action I have or may have against the Crisis Center for South Suburbia all their representatives, sponsors, and successors, that may arise as a result of my participation in the 2010 CCSS Auxiliary Walk and any pre-post activities. Further, I hereby grant full permission for the aforementioned to use any photographs or recordings of this event.

Signature of Applicant	Date	Signature of Applicant	Date
Signature of Parent/Guardian-under 18 years old	Date		

2nd Crisis Center for South Suburbia

Thank you for sponsoring _____ (Participant)

Directions: Pledge can be sent to Chris Doran in advance or turned in the day of the walk. Donations welcomed.

NAME and ADDRESS	Amount Pledged	Amount Paid
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
Total Amount Received		\$ _____

