



**ALL PARTICIPANTS MUST SIGN WAIVER
BEFORE BEGINNING OF RUN/WALK.**

In consideration of this entry being accepted, I hereby for myself, my heirs, executors and administrators waive and release any claims I may have against the organizers of this event, the venue of this event, the city and county of the event location, all sponsors, staff, officers, volunteers, successors and Oral Cancer Awareness Michigan for any and all injuries and damages sustained and suffered by me in connection with my association with this event. I further state I am physically able to complete this walk/run to the best of my knowledge. As this event is being given in a public place, I understand that there may be members of the news media, event photographers, etc. present and taking pictures or filming while I am in attendance. If I am photographed or filmed, I agree to allow these images etc. to be used on the news, or in any other venue without limitation or reservation.

Signature of participant
(or parent/legal guardian if under 18)

Date