



## 2017 Mothers Day Run/Walk

### Release Form

Name: \_\_\_\_\_

Age:  12 and under  46-55  
 13-18  56-65  
 19-35  66-75  
 36-45  Over 75

Address: \_\_\_\_\_

Village/Town: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the Mothers Day Run/Walk?

\_\_\_\_\_

I acknowledge that the Vulcan County Health and Wellness Foundation is not responsible for any health related risks associated with my participation in the Mothers Day Walk/Run. I release Vulcan County Health and Wellness Foundation and all of its' employees or volunteers from any liability associated with my participation in the Mothers Day Walk/Run. I further acknowledge that my participation in the Mothers Day Walk/Run is purely voluntary and that the Mothers Day Walk/Run is a recreational activity. If I have any health concerns I will seek advice from my family physician before making changes to my levels of physical activity.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of **parent/guardian** if participant is under 18: \_\_\_\_\_

Date: \_\_\_\_\_