

**PARTICIPANTS WAIVER OF RESPONSIBILITY**

The undersigned hereby agrees to hold harmless and indemnify the Walk 2 Remember, Walk 2 Prevent Suicide; the Suicide Prevention Committee; St. Clair County Community Mental Health Authority, its agents and the Charter Township of East China for any and all injuries, or damage, or alleged damage, to property of owner or others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from participation in the October 8, 2023 Walk 2 Remember, Walk 2 Prevent Suicide.

**AUTHORIZATION CONSENT**

The undersigned hereby gives their consent for the use of their name, comments, photograph, and/or video image for the promotion of the Walk 2 Remember, Walk 2 Prevent Suicide, through displays, newspaper articles, brochures, videotapes, audiotapes, computer media, etc. The use of their appearance by the Walk 2 Remember, Walk 2 Prevent Suicide, the Suicide Prevention Committee, and/or St. Clair County Community Mental Health Authority, will not incur any liability for payment to any person or organization. The undersigned releases all claims for copyright, ownership and compensation and understands that participation is strictly voluntary.

This release shall be valid for one year from this date and can be revoked only by myself or a legally appointed representative for me by written request.

**PLEASE PRINT**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

List walk participants under 18 whom you are the Parent/Guardian of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: October 8, 2023

**Signature of Participant and/or Guardian of participants under 18 years of age**

**NO DOGS ALLOWED in or around the pavilions, restrooms or Kid-E-Scape area.**