

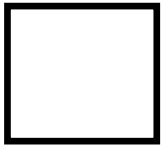
# Cornerstone Family Ministries—

# WONDER WALK

Official Release Consent Form AND Liability Waiver

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Email \_\_\_\_\_ Cell/Day Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Church/Company/School \_\_\_\_\_

On behalf of myself, my parents, my heirs executors, administrators and assigns, and in consideration of Cornerstone Family Ministries (CFM) permitting me to participate in the Wonder Walk, I or we hereby waive and release any and all rights and claims for damage which I or we may incur against CFM, its staff, Board of Directors or any group or persons connected with the event, their heirs, executors, administrators, successors and assigns for any and all injuries which I may suffer while taking a part in the event or as a result thereof. I or we recognize, acknowledge and assume the risk of the potential hazards in the Wonder Walk and agree to hold harmless all sponsors and sponsoring organization from any injury I may receive as a result of participating in the event. As a participant, I have prepared myself and am physically fit to participate in this event.



In addition, by initialing in this box I give Cornerstone Family Ministries permission to use photos taken of me and my children at this event on their face book page, in their newsletter and for promotion of future Wonder Walk events.

**I am also signing this liability waiver as the parent/legal guardian of the following minors who are walking with me in the Wonder Walk:**

Child Name: \_\_\_\_\_ Child Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
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Child Name: \_\_\_\_\_ Child Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Child Name: \_\_\_\_\_ Child Age: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

**Participants under the age of 18 must have this form signed by a parent/guardian.**

**Signature of Walker/guardian** \_\_\_\_\_

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