

Liability Waiver

DASH FOR 2024 disABILITIES



1715 Stringtown Pike
Cicero, IN 46034

Please fill out completely and Sign

Name:

Age:

Address:

City, State, Zip

Phone:

Email:

Emergency Contact:

Name:

Phone:

Relationship to Runner:

To participate in the Dash for disAbilities, you must sign the following release:
In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Mephibosheth Ministries, Inc. for any injury of illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I also give Mephibosheth Ministries, Inc. permission to use photographs of myself taken at the Dash for disAbilities and associated events in future event promotion.

REQUIRED SIGNATURE
REGISTRANTS UNDER 18 YEARS OF AGE MUST HAVE A PARENT'S SIGNATURE IN ORDER TO PARTICIPATE IN THE DASH.

(Parent's Signature required for registrants under 18 years of age) Date