

Care Net Fitchburg Labor Day Virtual Walk/Run Registration

Participant Name: _____

Street Address: _____

City, State, Zip _____

Telephone _____

Email _____

**The waiver below must be signed in order to be registered for this walk/run.

Care Net Fitchburg Labor Day Virtual Walk/Run Waiver & Release Form

I, _____ (type name), acknowledge that my participation in the Care Net Pregnancy Resource Center of N. Central MA Inc Virtual Walk/Run involves risks including but not limited to bodily injury, and I assume the risk for the same. I and behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Care Net Pregnancy Resource Center of North Central MA Inc and their respective directors, officers, employees, affiliates, and volunteers, of and from any and all liability for injury, death, or damages and /or any other claims, demands, losses or damages, incurred by me in connection to all parts of the Care Net PRC of North Central MA Inc Virtual Walk/Run.

Signature _____ Date: _____

Signature of Parent: _____ Date: _____

(if under 18 years old)

*Your electronic name on signature will be taken as your legal signature.

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