



OH4 STEPS Walk

Wingfoot Lake State Park

First Name _____ Last Name _____

Team Name _____ Gender (circle one) Male Female

Address _____ City _____

City _____ State _____

Zip Code _____ Country _____

Date of Birth ___/___/_____ Email Address _____

Phone Number _____ Secondary Phone Number _____

Payment (circle one) Cash Check

Distance (circle one) 5K 1 mile walk

Emergency Contact 1

Emergency Contact 2

Name _____

Name _____

Phone _____

Phone _____

Which Ohio Children's Hospital would you like the net proceeds of your registration or donation to go?
(circle one)

- Akron Children's
- Cincinnati Children's
- Dayton Children's
- Nationwide Children's
- Toledo ProMedica
- University Hospital Rainbow & Babies

Waiver

STEPS Ohio Lions Walk for Pediatric Cancer Research – Mogadore

Waiver and Release of Liability for STEPS Lions Walk for Pediatric Cancer Research

I wish to participate in the STEPS: Lions Walk for Pediatric Cancer Research event. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event I further understand that there are risks and dangers inherent in participating in the Event

I understand that in order to be allowed to participate in the Event, I agree to assume all risks and to release and hold harmless Lions Clubs International Inc., Lions Clubs International Foundation, Inc., Ohio Lions, Inc., and their officers, agents, employees, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials and volunteers, including walk leaders, participating communities and clubs and all governmental and public entities including, but not limited to, the State, County, and local municipalities where the events take place (collectively the "Released Parties").

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Event, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event

I agree to allow Lions Clubs International, Lions Clubs International Foundation, and their contractors, agencies and sponsors, the use of my name and likeness in connection with STEPS: Lions Walk for Pediatric Cancer Research, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media now and forever known.

Should any portion of this Waiver and Release be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release.

I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I sign of my own free will.

Please Sign Below

I have read, have understood, and do accept the agreement above.

understand that this is a legal document with effects that I approve and authorize.

The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.

I am authorized to agree to the terms of this document on behalf of the registrant

If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant

You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form.

If the person you are registering (registrant) is under 18, do not enter his/her age.

Signature _____ Date _____

Parents Signature _____ Date _____