



Date: _____

Build a Bed Race ID/ WAIVER

I understand that participation in the Walk for Hope Build a Bed Race is a physical risk where injury could occur. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby forever release the Orchard of Hope Foundation and/or any person(s) officially or unofficially connected to the Orchard of Hope Build a Bed Race from all liability for any injuries or damages whatsoever arising from the event.

I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for myself or my child's participation.

Photo Release: I agree that any photo or video of me created during the races may be used for public promotional Orchard of Hope purposes

Team Name: _____

Team Captain: _____

Name: _____	Signature: _____
Parent or Guardian of participants 16 – 18 years of age _____	
Address: _____	City/State/Zip: _____

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