

C.A.S.A.
Walk for Hope 2008
Participant Application Form

Please bring this form filled out to the registration booth on Saturday, April 12th at 7:30am at the base of the Biloxi Bay Bridge in the Isle of Capri Casino parking lot in Biloxi.

Name: _____

Address: _____

E-mail address: _____

*All participants must sign the following terms and conditions agreement to participate.



Terms and Conditions:

The CASA Walk for Hope involves walking - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic, and conditions of the road. In consideration of being allowed to participate at this event, I hereby expressly assume all risks, including personal injury and death arising in any way out of my participation in the Walk for Hope and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other condition which would make it difficult or unable to continue. I agree for myself, my heirs, executors, and administrators to not sue and to release, indemnify, and hold harmless the Jackson County Court Appointed Special Advocates, its affiliates, offices, directors, volunteers, and employees and its sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands, and causes of action whatsoever arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as permitted by the State or Province in which the event is conducted. If any portion of it is invalid, the balance shall continue in full force and effect. I have read, understood, and agree to the terms of this Agreement.

Participant's signature: _____

Printed name: _____

Date: _____

If the participant is a minor, parent or guardian must sign below.

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and the participant to its terms.

Parent/Guardian: _____

Printed Name: _____

Date: _____