



WALK FOR HEALTHY MINDS, HEALTHY BODIES

Saturday, October 3, 2009, at Veteran Acres Park in Crystal Lake

Waiver: Individual and Guardian

All walkers must sign a waiver to participate. Walkers under the age of 18 must have the signature of a parent or legal guardian.

Waiver of Responsibility for Self:

In consideration for accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, heirs, and executive administrator, waive and release any and all rights for damages I may have with the Mental Health Awareness Walk and verify that I am physically fit to undertake the walk that I will do. Photo release: I allow the use of photos of me taken at the Walk to be used in NAMI publicity materials.

Signature _____

Print Full Name: _____

Waiver of Responsibility by Parent or Guardian for underage walker:

On behalf of _____ [underage walker], I waive and release the Mental Health Awareness Walk as indicated above.

Signature _____

Print Full Name: _____

Please bring waiver on the day of the event, or return form by mail or fax to:

NAMI McHenry County Walk
5320 Elm Street
McHenry, IL 60050
Fax: 815-344-8335

A NAMI McHenry County Benefit: We walk for hope and recovery.