



**REGISTRATION FORM,
WAIVER AND RELEASE**

P.O. Box 68924

Jackson, MS 39286

www.gracehousems.org

Last Name: _____

First Name: _____

Street Address: _____

City/State/ZIP: _____

Business Affiliation: _____

Fax: _____ E-mail: _____

Phone: _____

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Grace House and any affiliated individuals, Walk of Grace and any affiliated individuals, and any Walk of Grace sponsors and their agents, employees, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the Walk. I give my full permission to Grace House and Walk of Grace and their corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature: _____ Date: _____

Team Name: _____