



Volunteer/Walker Waiver Form

Please Print Clearly

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Date of Birth: (Month/Day/Year) / ____ / ____

Male Female

Waiver: I hereby waive all claims against Breathe California of the Bay Area, sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature **X** _____

Parent/Guardian Signature **X** _____
(If under 18)

I would like to make a gift in support of the Breath of Life Walk in the amount of _____

Check Visa MasterCard

Name on Card Card Number Exp. Date