



**Registration
and Volunteer
Waiver Form**



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and Volunteer
Waiver Form**

Please Print Clearly:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

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

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 _____

Name on Card

Card Number

Exp. Date

Please Print Clearly:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

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