



**”Walk A Mile In Our Shoes”
Saturday, March 10, 2012**

To raise awareness of Lighthouse of Collier and the services we provide in our community.

(Please print):

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Email: _____

Emergency Contact: _____

Emergency Phone(s): _____
Home # Work/Cell#

Program/Event Waiver & Release

To give you, our friends and neighbors, a better understanding of what it means to walk a mile in our shoes, we have vision impairment glasses available for you to wear on this walk.

I _____, hereby request to participate in the **Lighthouse of Collier, Inc.** Program/Event referenced above. I acknowledge and understand the risks associated with my participation. I hereby authorize that emergency medical treatment may be administered if necessary. I authorize photographs including myself to be used for charitable purposes.

I hereby waive any claim and release **Lighthouse of Collier, Inc.**, its agents, employees, officers, directors, volunteers and affiliates, from any and all liability that may arise from my participation in the **Lighthouse of Collier, Inc.**, Program/Event. I further agree that this waiver & release also covers and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities, and their consequences, as well as those now disclosed and known by me to exist. Any provisions of any laws, statutes, or regulations of any kind that provide in substance that releases shall not extend to claims, demands, injuries or damages, losses or liabilities, which are unknown or unsuspected to exist by the persons signing this release are here by waived. The Emergency contact information that I have provided above is accurate and complete.

I HAVE READ AND UNDERSTAND this **LIGHTHOUSE OF COLLIER, INC.** Program/Event Waiver and Release:

Name: _____
(Parent name also, if participant is under 18 years old)

Signature(s): _____

Sponsoring Agency: _____ Date _____