

Release of Liability

I certify by my signature below, that I and / or my dependent[s], are adequately trained to participate in the March For Life La Habra. In consideration of being allowed to participate in the March For Life [Walk], I hereby agree, on behalf of myself and my dependent[s], heirs, and legal representatives that I accept and assume any and all risks resulting from attendance and participation in the march [walk]. I hereby release the following organizations [March For Life, La Habra Life Center, Our Lady of Guadalupe parish, La Habra] supporting and sponsoring the March for Life and anyone involved directly with this event from any liability for injury or illness suffered by me or any of my dependent[s] in connection with the March [Walk]. I authorize the officials of the March to use their discretion to have me or my dependent[s] transported to a medical facility and I take full responsibility for this action.

Name _____ Phone _____ Cell _____

Email _____ Date _____

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