



A Million Cats March Waiver and Release of Liability

This form must be completed and signed by each participant (and by a parent or guardian for participants under the age of 18), **before** the participant begins the course. **Be sure to bring your completed and signed form on the day of the event!**

Please print legibly.

Participant Name: _____

Address: City: State: Zip: _____

Daytime Phone: _____ Email Address: _____

In case of emergency, contact: _____ Phone: _____

In consideration for being permitted to participate in the Million Cat March, taking place on August 12, 2017 beginning at the San Francisco LGBTQ Community Center, located at 1800 Market Street, San Francisco, CA 94102 and ending at Edge Bar, located at 4149 18th Street, San Francisco, CA 94114, I, for myself and for my heirs, executors, administrators and representatives, waive and release any and all rights and claims I may have against, absolve and agree to hold harmless William Dickerson dba "Lexi Shimmers", any cooperating organizations, any of their employees, agents and representatives, and any person connected with the event, their successors, assigns, heirs, executors and administrators (individually and as a group referred to as sponsors), singly and collectively, from any blame and liability for any injury, harm, loss, cost, inconvenience or other damage that may result from or be connected in any way to my participation in the Million Cat March whether caused by acts, negligence, error or faults of sponsors or otherwise.

I agree that I am physically capable of participating in the event; I understand that the total walking distance for this event is 1.0 Miles. I agree to adhere to all event rules and conduct myself in a safe and prudent manner while participating in the event.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

I have read this waiver and release, understand its significance, and agree to its provisions.

Participant name: _____ Age: _____

Participant signature: _____

Date: _____



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Participants under age 18 must have a legal parent or legal guardian signature below.

As the parent/guardian, I have read the waiver and release form. I understand and agree to its waiver and release provisions, consent to the emergency medical treatment and will be responsible for any and all costs, have discussed with the participant the requirements to observe all traffic laws, and adhere to all other event rules and to act in a safe and prudent manner. I concur with representations made by the participant about physical capabilities.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

Participants under age 16 must be accompanied by an adult.

I am an adult accompanying a participant under the age of 16. I understand that I am responsible for the participant and am prepared to discontinue the course, if needed, to fulfill this responsibility.

Name: _____ Age: _____

Signature: _____ Date: _____