

CRY Walk for Child Rights 2019 Waiver and Release:

I agree and will hold harmless CRY, Child Rights and You America (CRY America) organization, it's board, staff, volunteers, events sponsors and all parties connected with the CRY Walk 2019 event from any liability as a result of my participation.

I will permit emergency treatment in the event of injury or illness while participating in the event.

I also agree to give permission to CRY America to use my name and image (photo or video) taken during the event in any promotional materials, publications, or on the CRY America website.

I understand that CRY America withholds the right to dismiss anyone that may cause disturbance at the event.

I certify that I have read this waiver and release and understand its content and intent.

Date:
Signature of Parent/Guardian (if participant is under 18 years of age):
Date:
Participant's Name:
Participant's Signature:

CRY America, PO Box: 850948, Braintree, MA 02185-0948. Tel: 339-235-0792 and 617-959-1273.

Email: support@cryamerica.org