

Every participant MUST sign this form to join the Walk for Wellness event. If you have any questions before signing, please call the ICGMC office at 609-393-9922

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of participating in the Walk for Wellness on Saturday, June 21, 2025, I state that I understand the nature of this event and that I am in proper physical condition to participate in such activity. I acknowledge that if I believe that conditions are unsafe, I will immediately discontinue participation in the activity. I willingly voluntarily agree to the following:

Assumption of Risk: I agree to accept and assume all responsibility for and risk of personal injury, including but not limited to: falls, trips, slips, spills and bodily injury, illness or damage to myself or my property which may be caused by my own actions, or inactions, those of other participants in the event, the conditions in which the event takes place or other risks not known to me or not made readily foreseeable at this time. I hereby freely and expressly assume the risks of participating in the Walk for Wellness and I assume full and sole responsibility for any injuries, costs, and/or damages I incur as a result of my participation in this activity.

Medical Condition: Before deciding to participate in the walk, I have considered whether I have any pre-existing health conditions that may impact my ability to safely participate in this activity. Such health conditions include but are not limited to: hearing and visual impairment, pregnancy, respiratory conditions, back, neck, and/or shoulder issues, epilepsy, heart conditions, and other pain and physical limitations that could be exacerbated by a fall or accident. I declare that I am physically capable of participating in this event of a 1 mile or 3K walk of my choosing.

Waiver, Release, and Indemnification: To the fullest extent permitted by law, or myself, heirs, and beneficiaries: I release, waive, discharge and hold harmless Interfaith Caregivers of Greater Mercer County and its directors, board members, employees, volunteers, sponsors, and the owner of the premises (Veterans Park) on which this Walk takes place from any and all liability, claims, demands, actions or cause of action arising out of or related to any loss, destruction, damage or injury, including death, regardless of Releases negligence or other unintentional conduct

Photo Release: I hereby grant permission to Interfaith Caregivers of Greater Mercer County, Inc. to use photographs and/or video of me taken on June 21, 2025, participating in the Walk for Wellness in Veteran's Park, Hamilton, NJ, in publications, news releases, online, and in other communications related to the mission of ICGMC. I understand my image will not be identified without my express consent.

Other: As a participant, I agree that this Agreement shall be governed by the applicable laws of New Jersey. I agree that in the event that any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provisions will not be affected. I have read, understand and agree to the terms of the agreement

Participant Signature: _____ Date: _____

In accordance with the Omnibus Budget Reconciliation Act of 1993, ICGMC acknowledges receipt of the contribution specified above. Per IRS regulation, we hereby state that no goods or services were received in exchange for this donation. ICGMC is a 501(c)3 organization. Our Tax ID is 22-3312846. Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of The State of New Jersey by calling (973) 504-6215 and is available on the internet at <http://www.state.nj.us/lps/co/charfrm.htm>. Registration with the Attorney General does not imply endorsement.