SIGN IN SHEET





Statement of consent: I understand the risks involved in participating in the CROP Hunger Walk and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs/images and quotations from me in accounts and promotions of this event.

Name (Please print clearly)	Email	Team Name	Signature/Consent (Parent or adult sign, if under 18 years old)	First Time Walker?	Team Captain?	Under 18?