



**CROP Hunger Walk Participant
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 CROP Hunger Walks.

Signature(s) _____

Parent or guardian's signature if under 18 years of age:

Signature _____