

Hike For Hope Waiver and Release Form

I, _____ (print name), acknowledge that my/child(ren)'s* participation in the Hike For Hope involves a risk of injury including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Hope Street Ministry, Inc. and all its employees and representatives and Waukesha County Parks and all of its employees and representatives from any and all liability for injury, death or damages and/or any other claims, demands, losses or damages incurred by me in connection with any aspect of The Hike for Hope.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____
(if under 18)

*Name(s) of Children: 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

I give Hope Street Ministry, Inc. permission to use mine/my children's photograph(s) on social media, in print or on our website: (**signature**): _____.



Hope Street Ministry, Inc.
2522 W Capitol Drive Milwaukee, WI 53206
414.445.5404