

WAIVER STATEMENT:

I am voluntarily participating the 1000 Mile Walk (TMW) program in year 2010. I understand that it is solely my responsibility to consult with my physician before I start this TMW program to decide whether I am capable to participate. I am the only person responsible if I suffer injury physically or otherwise while participating this program.

I declare that the TMW Program Director, Committee Members, other TMW staff, supporting institutions or participating Companies are **not** responsible if I become injured or become ill physically or otherwise, or if I do not get the perceived or declared benefits while participating or after this program is finished. No warranties have been made to me as to the benefits or its outcome.

(___) Please check the box to indicate your agreement to the above Waiver Statement. By completing this registration and filling in the name and date, you are signifying your agreement to the above statement.

Participant's Name: _____

Date Declared: _____