







Saturday, April 12, 2025 Fashion Square Mall Registration: 8:30 am | Walk begins at 9:00 am

Walker:	
Address:	Phone:
Email:	
School/Organization:	
Contact Name:	

Participant Agreement and Waiver:

As a participant in Walk For Warmth, I waive and release all rights and claims for damage or injuries suffered by me while participating in the SCCAC 2025 Walk for Warmth, whether they are against the City of Saginaw, SCCAC or any person connected with the event. I accept all responsibility for myself as I willingly participate in the 2025 Walk for Warmth. I give full permission to SCCAC, its affiliates, and sponsors to use my photographs, digital videos, or other recording of me that are made during the Walk. Parents or guardians of all participants younger than 18 must also sign. Participants younger than 12 years of age must be accompanied by an adult.

Walker's Signature: ____

Parent/Guardian Signature: _____

Name	Address	\$ Pledge Collected
Your canceled check is your receip	t. Total Amount Enclosed, Payable to SCCAC:	\$