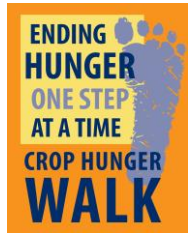
# SIGN IN SHEET □□□

**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) | CHURCH/ ORGANIZATION | # of people in group | PHONE/EMAIL | EST $$ Raised | SIGNATURE/CONSENT (Parent or adult sign, if under 18 years old) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |