Date: _____

PULL TOGETHER FOR HOPE ID/ WAIVER

Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and relieve the Orchard of Hope Foundation, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns from all claims or liabilities of any kind arising out of my participation in the ORCHARD OF HOPE FOUNDATION'S PULL FOR HOPE (the "Event") even though such claim or liability may arise out of negligence or carelessness on the part of any person named in this waiver. If I do not follow the rules of the Event, I understand that I may be removed from the Event. I consent to receive medical treatment, which may be deemed advisable in the event of injury or illness during the event. I give my permission to the Orchard of Hope to use my name, any photographs, or any other media including video or any other audio format that the Orchard of Hope Web Site during the course of this event.

Team Name: _____

Team Captain: _____

Name: _____ Signature: _____	Address: _____ City/State/Zip: _____
Name: _____ Signature: _____	Address: _____ City/State/Zip: _____
Name: _____ Signature: _____	Address: _____ City/State/Zip: _____
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