

Waiver/Release – Signature Required

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Bellingham Traverse, (2) In consideration for my application to participate in Bellingham Traverse being accepted, I, on behalf of myself, my heirs and assigns, and my estate hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as a result of my participation, and (3) I hereby grant the Bellingham Traverse specific permission to reproduce, publish, circulate, copyright, or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Bellingham Traverse. (4) I am responsible for my own equipment, resolving the Bellingham Traverse of responsibility.

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

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