

GUTIERREZ MEMORIAL FUND

Igniting the Arts and Community in Maryland

*NAME (Print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Email: _____

Phone: _____ - _____ - _____

NAMES of ALL ADDITIONAL Participants included in your payment and/or group:

Check if participant is 18 yrs or older. All adults must sign waiver below. Children 10 & under are free.

- _____
- _____
- _____

Total # of Walker(s) _____ @ \$ _____ Total Donation \$ _____

\$50 suggested per person donation includes commemorative T-shirt

Thank You!!!

- CASH \$ _____
- CHECK \$ _____ # _____
- CREDIT CARD: Visa _____ Master Card _____ Amex _____ *Last 4 dig _____

Card #: _____ - _____ - _____ - _____ Exp: Mo/ Yr ____/____ Security: _____

- I understand my donation may be entered manually and processed through PayPal*

Release and Hold Harmless Agreement

I agree for myself and all participating minors for whom I am guardian of, that participation in the John K. Gutierrez Memorial Walk involves inherent risks to me and I assume all such risks. I further waive, release, indemnify and agree to hold harmless (i) the Gutierrez Memorial Fund, Inc, (ii) Gutierrez Studios, (iii) Valstone Partners, (iv) WPM Real Estate Management, (v) Thornhill Properties, (vi) the Mayor and City Council of Baltimore, (vii) Event Sponsors, Organizers, Volunteers, Supervisors, Officers, Directors, Participants, and (viii) all agents and employees of the foregoing from all claims or injury sustained by me, and those to whom I am guardian in connection with the John K. Gutierrez Memorial Walk.

I HAVE READ & AGREE TO THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT

Date

Signature of Primary Participant & Guardian for participants under 18 yrs

Date

Signature of Additional Adult Participant

Date

Signature of Additional Adult Participant