

CCSA HUNGER WALK 2019
REGISTRATION & STATEMENT OF CONSENT

I understand the risks involved in participating in the Community Christian Service Agency (CCSA) 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 organization to use photographs/images of me, and quotations from me, in accounts and promotions of this event.

Name of Walker _____ Date _____

Signature _____
(If walker is under 18, parent or guardian signature is required here.)

Organization /Member Church _____

The information below will be used only to contact you about future CCSA news and events.

Street Address _____ City _____ Zip _____

Phone _____ Email _____

To help reduce the cost of mailings, are you willing to receive the CCSA newsletter only by e-mail? ____ Yes ____ No