



WHITEFISH WALKER REGISTRATION FORM

Name: _____

Address: _____

Home Phone: _____ Email: _____

I give permission to include my email in any WF Walker group mailing: Y / N (circle one)

Fee: \$7.00/year

Please **email** registration form to proffice@cityofwhitefish.org, or **mail** to PO Box 158,
Whitefish, MT 59937

Payment can be made by phone 863 2400, option 1
by mail or in-person at City Hall, 418 E 2nd St

I hereby give my approval for participation in Whitefish Walkers. I assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. Further I hereby release, absolve, indemnify and hold harmless, the City of Whitefish, the organizers, sponsors, supervisors and employees for any injuries I may sustain as a participant in Whitefish Walkers. I am involved at my own risk. Fees paid do not provide for insurance.

Signature: _____

Date: _____

