



# 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:** \$10.00/year

Please **email** registration form to [lrecords@cityofwhitefish.gov](mailto:lrecords@cityofwhitefish.gov), or **mail** to:  
City of Whitefish Parks & Recreation  
Attn: Liz Records  
PO Box 158, Whitefish, MT 59937

Payment can be made by phone 863 2400, option 0  
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: \_\_\_\_\_

