



The Big Latch On Event Sign-in & Waiver



In consideration of being permitted to participate in LLL USA Celebrates World Breastfeeding Week and Big Latch On, I hereby for myself, my heirs, and personal representatives assume any and all risks, which might be associated with the event. I further waive, release, discharge, and covenant not to sue La Leche League or Big Latch On, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. **I also agree to the use of any photos, films, or videotapes of the event for any purpose. This would allow for pictures to be used in La Leche League publications and on LLL USA and Big Latch On Web sites.**

Name of Location:	Address:
Organizer:	Contact Phone Number:

	Participant's name	Address (please include zip code)	Total # of family w/ you today including participant	Signature	Amount Collected - If fundraising
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Witness name (print): _____	Total No. breastfeeding at this location: _____
Signature: _____	

Witness name (print): _____	Total No. breastfeeding at this location: _____
Signature: _____	