



# Harvest Walk Consent Form

I, \_\_\_\_\_(parent) give permission for my son/daughter \_\_\_\_\_ (name) to participate in the Harvest Walk benefiting the InterChurch Food Pantry of Johnson County. I understand the risks involved in this event and also give permission for the organizers to use photographs/images and quotations from my child to promote the Harvest Walk.

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Date

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Signature



# Harvest Walk Adult Consent Form

I understand the risks involved in participating in the Harvest Walk benefiting the InterChurch Food Pantry of Johnson County. I am physically able to walk/run in this event also give permission for the organizers to use photographs/images and any quotations to promote the Harvest Walk.

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Date

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Signature