



Global BIG LATCH ON Event Sign In and Waiver Form

EVENT: Big Latch On

DATE AND TIME: 10.30am Friday 2nd Aug, 10.30am Saturday 3rd Aug or Sunday 4th Aug, 2019

Name of location:

Your location code:

Address of location (include country):

Host Name:

Contact Phone:

In consideration of being permitted to participate in a Global 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 Global 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

	Name Please PRINT (Everyone attending and volunteering to sign in)	Email	Signature (agreeing to above waiver for yourself & your children, if applicable)	Breastfeeding Person		Photo Consent (sign if you agree) (I authorize use of my own & my child's visual image & statements in newsletters, posters, internet & other advertising to promote breastfeeding & the Global Big Latch On.)
				Please check	Number Children with you	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Witness/Host statement:

Total number of "latches" (please see rules for definition of latch) at this location

Total number of breastfeeding people at this location:

Total number of people at this location:

Name (print): _____ Signature: _____

