



Emergency Contact Form Waiver & Liability Form

One person per registration form. If you need more forms
please visit our website at www.thewalk.ca

Emergency Contacts

Contact # 1

Contact # 2

First Name Last Name

First Name Last Name

Address

Address

City Postal Code/Zip Province /State

City Postal Code/Zip Province /State

Phone Number

Phone Number

ALL APPLICANTS MUST READ AND SIGN (Waiver of Negligence and Complete Release of Liability)

I wish to participate in The Walk. I understand that in participating in this event, I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during these events and that I may be seriously injured.

In consideration for being permitted by The Walk to participate in this event, I agree to assume all risks and to release and hold harmless The Walk, Community Torchlight, United Way as well as their designated beneficiaries, sponsors, officials, including but not limited to the City of Guelph and affiliated organizations (and all their respective directors, officers, agents, employees and members), who, through negligence, carelessness or any other cause might be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I am physically capable of completing this event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in this event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event description and rules for participation in the event and I will abide by all the rules and regulations established by the event organizers and personnel as well as the local vehicle code.

I understand that if I am under the age of 18 years or younger at the time of the event in order to participate I must have a parent/guardians consent. If I am registering a minor, I hereby represent that I am the parent or legal guardian of the minor and that I am waiving my rights and the rights of the minor regarding the matters described here.

I understand that all donations processed by The Walk are non-refundable, even if I do not participate in the event.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the persons and entities mentioned above and I sign it of my own free will.

I am a parent/guardian signing for my child

Please Print Name of Walk
Participant

Please Print Name of Parent/
Guardian

Signature

Date

