

Walking Club Waiver and Release of Liability

Participant Information:

- Name: _____
 - Address: _____
 - Phone Number: _____
 - Email: _____
 - Emergency Contact Name: _____
 - Emergency Contact Phone Number: _____
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Acknowledgment and Assumption of Risk

I, the undersigned, understand and acknowledge that participating in the walking club involves inherent risks, including but not limited to:

1. Physical exertion that may result in injury, such as sprains, fractures, or other medical conditions.
2. Hazards such as uneven terrain, traffic, weather conditions, and wildlife encounters.
3. Unpredictable incidents that could result in harm or injury beyond the control of the walking club organizers.

I voluntarily assume all risks associated with participating in the walking club activities and agree to take full responsibility for my health, safety, and personal property.

Initial

Release of Liability

In consideration of being allowed to participate in the walking club, I hereby release, waive, and discharge the walking club, its organizers, leaders, volunteers, and affiliated entities from any liability, claims, demands, or causes of action arising out of or related to my participation, including but not limited to injury, illness, or property damage, whether caused by negligence or otherwise.

Initial

Medical Authorization

I understand that it is my responsibility to consult with a physician before participating in physical activities. I certify that I am in good health and able to safely participate in the walking club.

In the event of a medical emergency, I authorize the walking club organizers or volunteers to seek medical treatment on my behalf. I agree to assume full financial responsibility for any medical services rendered.

Initial

Photo/Video Release

I grant permission to the walking club to use photographs or videos taken during events for promotional or documentation purposes. I understand that I will not receive compensation for the use of such images.

Initial

Agreement and Signature

I have carefully read this waiver and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between me and the walking club. I sign it voluntarily and of my own free will.

Signature: _____

Date: _____

Parent/Guardian Signature (if the participant is under 18):

Date: _____

Organizer Contact Information: For any questions or concerns, please contact:

Name: Willowdale Seventh-day Adventist Church

Phone: 416-636-2471 ext. 14

Email: office@willowdalechurch.ca