



WAIVER FORM

Please carefully review the following waiver. You must agree to the terms and conditions below in order to participate in this event.

- 1. I understand that at all times during the Mother's Day Walk, my safety remains my sole responsibility. I understand the inherent risks in participating in the Mother's Day Walk and assume all such risks including but not limited to the risk of falling, being hit, etc.;
- 2. I agree that I will at all times obey all traffic signs and lights, and co-operate fully with event staff including discontinuing walking if requested to do so by an event staff or organizer;
- 3. In consideration of the acceptance of my application online or in person and permission to participate as an entrant in the Mother's Day Walk event including any pre-or post-event activities, I for myself, my heirs, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Mother's Day Walk, Save the Mothers International, and all their associations and sponsoring companies and all their respective agents, officials, directors, employees, servants, conductors, representatives, successors and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in the said event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid.
- 4. I further undertake to hold and save harmless and AGREE TO INDEMNIFY all of aforesaid from and against any and all liability incurred by any or all of them arising as a result or in any way connected to my participation in the Mother's Day Walk event.
- 5. I also consent by participating in the Mother's Day Walk to the use of my photograph or video image without compensation or acknowledgment, in any future publicity carried out by the Mother's Day Walk or Save the Mothers International or by any media covering the event.

I accept the terms of my participation in this event:		
Signature	Date	
Signature of guardian if under 16		
CONTACT INFORMATION		
Donor Name:	Tel: ()	
Address:	Apt#	
City:	Postal Code:	
Email:		

SAVE THE MOTHERS

27 Legend Court PO Box 10126, Ancaster Ontario L9K 1P3 T: 905-928-SAVE (7283)

