



Individual Participant Waiver Form 2024

Please print clearly – thank you!

Walk City:			:
Address:	dd/mm/v Apt:		City:
Postal Code:	Phone: ()	Emai	l:
which will not have any s	upport or security measures	s in place b	where I walk on my own in a location of my choosing, y Amyotrophic Lateral Sclerosis Society of Canada-Societe a"), is a potentially hazardous activity, which could result
acknowledge and/or agree participate in the Event at (3) at all times during the will discontinue from part Sclerosis Society of Canada	ee that: (1) my participation i and I suffer from no personal Event, my safety and safety ticipating in the Event if req	n the Even health issured any mir uested to dealerose L	ertain inherent risks. By registering for the Event I t is voluntary; (2) my physical condition is sufficient to ues that may prevent me from participating in the Event; nors under my care remains my sole responsibility; (4) I do so by any representative of Amyotrophic Lateral aterale Amyotrophique ("ALS Canada"); and (5) there is an arily assume such risks.
sponsors of the Event (the consideration of registering RELEASE, WAIVE and FO actions, causes of action, without limitation, death arising or to arise by reast to by the negligence of a INDEMNIFY the Released expenses and legal fees, in participation in the Event	e "Releasees") have made any ng for the Event, I, on behalt REVER DISCHARGE the Releadamages, costs and expense, injury, loss or damage to mon of my participation in the ny of the Releasees ("Claims" is, to the fullest extent permodured by each of them or to I agree not to make any claim contribution and indem	y represent for myself, easees of all es, whether by person one Event and '). I further litted by law all of themaim, or take	ciates, directors, officers, employees or agents nor any stations or warranties regarding the safety of the Event. In my heirs, executors, administrators and assigns HEREBY and from all claims, liabilities, demands, losses, payments, or in law, contract, tort, statute or equity, including, or property HOWEVER CAUSED, KNOWN OR UNKNOWN of notwithstanding the same may have been contributed undertake to HOLD AND SAVE HARMLESS and AGREE TO by, from and against any and all Claims, including all costs, or arising as a result or in any way connected to my early proceedings against any other person or or the provisions of any statute or otherwise, from the
RELEASE, WAIVER AND I		that I am	NDERSTOOD AND AGREE to the above AGREEMENT, physically able to participate in this Event. I also hereby ury or illness.
transfer and assign to AL audio, recordings (still or taken as part of the photoworldwide and perpetual media, and digital performot limited to print, web.	S Canada all rights, title and moving), or any other media ographic, film or recording of basis through the following mance marketing, including content, social media and or	interest in a (known o of the Even g channels: g the right t nline comn	y of which is hereby acknowledged, I hereby irrevocably perpetuity to all photographs, film, slides, videotape, r presently unknown) taken of me or my child or children t for the following media use, timeframe and territory: a als.ca and any of its subdomains, email marketing, social to reproduce and/or include in all formats (including but nunications) my or my child's image or likeness for any ovince, I have obtained parental consent prior to
			ograms from ALS Canada. The privacy of our donors and ation on our privacy policy, please visit our website
Lastly, by registering for in Ontario and 40% will I designated outside of Al	oe donated towards ALS Ca	vledge tha inada's Na	t 60% of the proceeds will be donated to client services tional Research Program. Fundraising dollars will not be
Signature:	*A pare	nt or guardia	n must sign a waiver if the Walker is under the age of 18
Participant Name:			





Family Team Waiver Form 2024

Please print clearly – thank you!

Participant Name: _

Walk City:			Team Name:	Parent's Name:
Address:		dd/mm/yyyy Apt:	City:	
Postal Code:	Phone: ()		Email:	
which will not have any s	upport or security m	easures in pl	lace by Amyotrophi	n my own in a location of my choosing, c Lateral Sclerosis Society of Canada-Societ ially hazardous activity, which could result
acknowledge and/or agre participate in the Event a (3) at all times during the will discontinue from par	ee that: (1) my participe nd I suffer from no p Event, my safety and ticipating in the Ever da-Societe Canadieni	pation in the ersonal heal d safety of ar nt if requeste ne de la Scle	Event is voluntary; th issues that may ny minors under my ed to do so by any r rose Laterale Amyo	t risks. By registering for the Event I (2) my physical condition is sufficient to prevent me from participating in the Event; care remains my sole responsibility; (4) I epresentative of Amyotrophic Lateral trophique ("ALS Canada"); and (5) there is an uch risks.
sponsors of the Event (th consideration of registeri RELEASE, WAIVE and FO actions, causes of action, without limitation, death, arising or to arise by reast to by the negligence of a INDEMNIFY the Releasee expenses and legal fees, i participation in the Event	e "Releasees") have m ng for the Event, I, or REVER DISCHARGE t damages, costs and injury, loss or damage on of my participation ny of the Releasees (' s, to the fullest exten ncurred by each of the I agree not to make aim contribution and	ade any rep behalf of m he Releasee expenses, w ge to my per n in the Even 'Claims''). I fu t permitted hem or all of	resentations or war nyself, my heirs, exe es of and from all cla hether in law, conti son or property HC nt and notwithstan rther undertake to by law, from and ag them arising as a ror take any proceed	s, officers, employees or agents nor any ranties regarding the safety of the Event. In cutors, administrators and assigns HEREBY ims, liabilities, demands, losses, payments, act, tort, statute or equity, including, WEVER CAUSED, KNOWN OR UNKNOWN ding the same may have been contributed HOLD AND SAVE HARMLESS and AGREE TO gainst any and all Claims, including all costs esult or in any way connected to my ings against any other person or is of any statute or otherwise, from the
	NDEMNITY, and I WA	RRANT that	I am physically abl	AND AGREE to the above AGREEMENT, e to participate in this Event. I also hereby
transfer and assign to ALS audio, recordings (still or taken as part of the photoworldwide and perpetual media, and digital performat limited to print, web.	S Canada all rights, ti moving), or any othe ographic, film or reco basis through the fo mance marketing, inc content, social media	tle and inter or media (kno ording of the ollowing char cluding the a and online	est in perpetuity to own or presently ur Event for the follow nnels: als.ca and an right to reproduce a communications) r	ereby acknowledged, I hereby irrevocably all photographs, film, slides, videotape, known) taken of me or my child or childrenving media use, timeframe and territory: a y of its subdomains, email marketing, social and/or include in all formats (including but ny or my child's image or likeness for any obtained parental consent prior to
event participants is important als.ca. Lastly, by registering for the	ortant to ALS Canada • Ontario Walk, I ackno	n. For more in	nformation on our p	ALS Canada. The privacy of our donors and orivacy policy, please visit our website will be donated to client services in Ontario and dollars will not be designated outside of ALS
Canada. Signature:				
Participant Name:				
Participant Name:				

_ Signature: _