



FAMILY TEAM WAIVER FORM 2025

Please print clearly – thank you!					
,	DATE OF	TEAM	PARENT		
WALK CITY	SUBMISSION	NAME	NAME		
ADDRESS		CITY		PROVINCE	
POSTAL CODE	PHONE #	EMAIL			
Have you been diagnosed w	ith ALS? Y N	Have you lost someone to ALS?	YN		
Are you currently caring for s	someone with ALS? Y N	How many years have you partici	pated in the ALS Canada W	alk to End ALS?	
have any support or securi	ty measures in place by Amy	in an event where I walk on my otrophic Lateral Sclerosis Socie y hazardous activity, which could	ty of Canada-Societe Can		
agree that: (1) my participa no personal health issues t any minors under my care i representative of Amyotro	tion in the Event is voluntary; hat may prevent me from pa emains my sole responsibility phic Lateral Sclerosis Society	nvolves certain inherent risks. By (2) my physical condition is suffirticipating in the Event; (3) at all r; (4) I will discontinue from particy of Canada-Societe Canadiennarticipating in the Event, and I was	cient to participate in the times during the Event, cipating in the Event if rec e de la Sclerose Laterale	Event and I suffer from my safety and safety of quested to do so by any Amyotrophique ("ALS	
Event (the "Releasees") has for the Event, I, on behalf of the Releasees of and from whether in law, contract, the HOWEVER CAUSED, KNO may have been contributed and AGREE TO INDEMNIF expenses and legal fees, in Event. I agree not to make indemnity, under the proving the Event.	we made any representations of myself, my heirs, executors, in all claims, liabilities, demander, statute or equity, including WN OR UNKNOWN arising on the fullest of the fullest of them or a language, or take any processions of any statute or otherward.	tes, associates, directors, officer is or warranties regarding the sate administrators and assigns HERE ds, losses, payments, actions, or ing, without limitation, death, in to arise by reason of my particip of the Releasees ("Claims"). I further extent permitted by law, from a full of them arising as a result or edings against any other person vise, from the Releasees, in responsess.	fety of the Event. In cons BY RELEASE, WAIVE and causes of action, damage to pation in the Event and norther undertake to HOLD and against any and all Clain any way connected to or corporation entitled to ect of any Claim.	ideration of registering FOREVER DISCHARGE s, costs and expenses, my person or property twithstanding the same AND SAVE HARMLESS tims, including all costs, my participation in the claim contribution and	
By registering for the event	: I acknowledge that I have RE	AD, UNDERSTOOD AND AGRE	E to the above AGREEME	NT, RELEASE, WAIVER	

AND INDEMNITY, and I WARRANT that I am physically able to participate in this Event. I also hereby consent to and permit emergency treatment in the event of injury or illness.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably transfer and assign to ALS Canada all rights, title and interest in perpetuity to all photographs, film, slides, videotape, audio, recordings (still or moving), or any other media (known or presently unknown) taken of me or my child or children taken as part of the photographic, film or recording of the Event for the following media use, timeframe and territory: a worldwide and perpetual basis through the following channels: als.ca and any of its subdomains, email marketing, social media, and digital performance marketing, including the right to reproduce and/or include in all formats (including but not limited to print, web content, social media and online communications) my or my child's image or likeness for any lawful purpose. If I am under the age of majority in my home province, I have obtained parental consent prior to accepting these terms.

I hereby consent to receive e-mail updates about events and programs from ALS Canada. The privacy of our donors and event participants is important to ALS Canada. For more information on our privacy policy, please visit our website at <u>als.ca</u>.

Lastly, by registering for the Ontario Walk, I acknowledge that funds raised through the event help to ensure a strong pipeline of funding for the most promising Canadian ALS research. In participating provinces, proceeds are used for advocacy and to provide community-based support to people and families living with ALS. Fundraising dollars will not be designated outside of ALS Canada.

Signature:	*A parent or guardian must sign a waiver if the Walker is under the age of 18
Participant Name:	Signature:
Participant Name:	Signature:
Participant Name:	Signature:



Participant Name:



INDIVIDUAL PARTICIPANT WAIVER FORM 2025

Please print clearly – thank you!			
WALK CITY	DATE OF SUBMISSION		NAME
ADDRESS		dd/mm/yyyy	CITY PROVINCE
POSTAL CODE PHO	ONE #		EMAIL
Have you been diagnosed with ALS?	N	Have you lost	t someone to ALS? Y N
Are you currently caring for someone with	ALS? Y N	How many ye	ears have you participated in the ALS Canada Walk to End ALS?
have any support or security measures i	in place by Amy	otrophic Late	where I walk on my own in a location of my choosing, which will no eral Sclerosis Society of Canada-Societe Canadienne de la Sclerose activity, which could result in injury or death.
agree that: (1) my participation in the Ev no personal health issues that may prev any minors under my care remains my so representative of Amyotrophic Lateral S	ent is voluntary; ent me from pa ble responsibility Sclerosis Societ;	(2) my physic rticipating in t y; (4) I will disc y of Canada-S	in inherent risks. By registering for the Event I acknowledge and/o cal condition is sufficient to participate in the Event and I suffer from the Event; (3) at all times during the Event, my safety and safety o continue from participating in the Event if requested to do so by any Societe Canadienne de la Sclerose Laterale Amyotrophique ("ALS) the Event, and I voluntarily assume such risks.
Event (the "Releasees") have made any for the Event, I, on behalf of myself, my hithe Releasees of and from all claims, like whether in law, contract, tort, statute of HOWEVER CAUSED, KNOWN OR UNKN may have been contributed to by the neand AGREE TO INDEMNIFY the Release expenses and legal fees, incurred by each	representations eirs, executors, abilities, demander equity, include NOWN arising of gligence of any less, to the fullestack of them or a take any process.	s or warrantie administrators ids, losses, pa ing, without l ir to arise by re of the Release t extent permi all of them arisedings against	es, directors, officers, employees or agents nor any sponsors of the se regarding the safety of the Event. In consideration of registering is and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE ayments, actions, causes of action, damages, costs and expenses limitation, death, injury, loss or damage to my person or property eason of my participation in the Event and notwithstanding the same ees ("Claims"). I further undertake to HOLD AND SAVE HARMLESS itted by law, from and against any and all Claims, including all costs ising as a result or in any way connected to my participation in the tany other person or corporation entitled to claim contribution and a Releasees, in respect of any Claim.
, , ,	t I am physically		STOOD AND AGREE to the above AGREEMENT, RELEASE, WAIVER cipate in this Event. I also hereby consent to and permit emergency
to ALS Canada all rights, title and intere any other media (known or presently un of the Event for the following media use and any of its subdomains, email marke include in all formats (including but not	est in perpetuity known) taken o , timeframe and eting, social med limited to print	to all photog f me or my ch territory: a wo dia, and digita , web content	nich is hereby acknowledged, I hereby irrevocably transfer and assign graphs, film, slides, videotape, audio, recordings (still or moving), o hild or children taken as part of the photographic, film or recording corldwide and perpetual basis through the following channels: als.ca al performance marketing, including the right to reproduce and/o t, social media and online communications) my or my child's image y in my home province, I have obtained parental consent prior to
I hereby consent to receive e-mail update is important to ALS Canada. For more in			s from ALS Canada. The privacy of our donors and event participants licy, please visit our website at <u>als.ca</u> .
funding for the most promising Canad	ian ALS researd	ch. În particip	nds raised through the event help to ensure a strong pipeline or pating provinces, proceeds are used for advocacy and to provide Fundraising dollars will not be designated outside of ALS Canada
Signature:			*A parent or guardian must sign a waiver if the Walker is under the age of 18