

L'ARCHE ANTIGONISH FUN WALK/RUN SPONSORSHIP

September 24, 2017 at Oland Centre, St.FX Campus

Full Name	
Date of Birth	
Parent/Guardian (if under 18)	
TShirt Size	
Emergency Contact Name	
Emergency Contact Number	
Fees	\$15 for U16, \$20 for Adults Cash or Cheque payable to L'Arche Antigonish
Last registration and payment due date	Wednesday, September 7, 2017

Waiver

I acknowledge that this event is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by L'Arche Antigonish, and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at this event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, L'Arche Antigonish, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

I hereby certify that I have read this document and I understand its content.

Participant: _____ Age: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Signature: _____ Date: _____