Registration and Waiver Form

Name: _____ Email Address (Required!)_____

Date of Birth: _____

Mailing Address:_____

Primary Phone:_____ Secondary Phone: _____

In case of an Emergency Call:

Name: _____ Phone:_____ Relationship: _____

Sioux Lookout Meno Ya Win Health Centre and Adrienne Crosby, R. Kin
Release of Liability & Waiver of Claims Agreement

By signing this document you will waive certain legal rights, including the right to sue.
Please read carefully. This is a binding legal agreement.

As a Participant in the Sioux Lookout Meno Ya Win Health Centre and Adrienne Crosby, R. Kin activities, namely the Learn to Run/Walk 5km Program, the undersigned acknowledges and agrees to the following terms:

Description of Risks

1. In consideration of my participation in the SLMHC and Adrienne Crosby, R. Kin activities, I hereby acknowledge and am aware of the risks and hazards associated with or related to any such activities. The risks and hazards include, but are not limited to injuries from:
    a. Participating in physical activities such as walking, running and stretching;
    b. Exerting and stretching various muscle groups;
    d. Travel to and from activities.
2. Furthermore, I am aware:
    a. That injuries sustained while participating can be moderate;
    b. That I may experience anxiety while participating;
    c. That my risk of injury is reduced if I follow all instructions and recommendations provided
    d. That my risk of injury or stress increases as I become fatigued or anxious.

Release of Liability and Disclaimer

3. In consideration of the SLMHC and Adrienne Crosby, R. Kin allowing me to participate, I agree:
    a. To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of those risks including personal injury, loss, including loss of income or damage that I might sustain while participating;
    b. To release, discharge, save harmless the SLMHC and Adrienne Crosby, R. Kin and their respective staff, volunteers, facilitators and steering committee members from any and all liability, for any and all legal claims, demands, actions, judgements, executions and costs that might arise out of my participating, even though and such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including, but not limited to negligence, breach of contract or breach of any statutory duty of care of the SLMHC or Adrienne Crosby, R. Kin.

Acknowledgement

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

_____ _____

Name of Participant (Please print) Signature of Participant

_____ _____

Date Witness