

Take the first step

Register today. Simply fill out this form, the waiver below and write a cheque for \$10 made payable to the Heart and Stroke Foundation of B.C. & Yukon and give them to your walking club leader.

Name:

Address:

City/Town:

Postal Code:

Telephone:

Birth Date:

Emergency Contact:

email

Phone:

Program Site:

In order to participate in the walking Club, you must read and sign the waiver.

RELEASE AND INDEMNITY AGREEMENT

(For Participants 19 years and older)

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.
PLEASE READ CAREFULLY BEFORE SIGNING.

In return for allowing me to participate in the _____

(‘Program’) I:

- agree that I am participating in the Program at my own risk.
- waive any and all claims that I may have against the Heart and Stroke Foundation of British Columbia & Yukon (the ‘Foundation’), the owners of the participating site and their respective employees, directors, officers, agents, successors and assigns.
- release and discharge the Foundation, the owners of the participating site or any of their respective employees, directors, officers, agents, successors and assigns from any and all liability for any loss, damage, injury or expense that I may suffer or incur as a result of my participation in the Program due to any cause whatsoever including negligence on the part of the Foundation, the owners of the participating site and their respective employees, directors, officers, agents successor or assigns.
- agree to indemnify the Foundation, the owners of the participating site and their respective employees, directors, officers, successors and assigns against any and all liability claims, actions, costs, expenses and demands to my person or property, howsoever caused, arising out of or in connection with my taking part in the program and notwithstanding that the same may have been contributed to or caused by the negligence of the Foundation, the owners of the participating site or any of their respective employees, directors, officers, agents, successors or assigns.
- agree that this Release and Indemnity Agreement will be binding upon me and my heirs, executors, administrators and assigns in the event of my death.

I have read and understand this release and indemnity prior to signing it and I am aware that by signing this document I am affecting the legal rights and liabilities of myself, my heirs, executors, administrators and assigns. **Sign below only when you have read and thoroughly understood this release and indemnity agreement.**

Signature:

Date:

Witness:

Date: