



ALS WALK WAIVER

Each walker on a team is asked to must complete a Walker Registration form (included). This form allows us to set up the database for accurate tracking for our top fundraisers, as well as includes your waiver to participate.

Name of Participant: _____

Address: _____

Phone Number: _____ Email: _____

In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless the ALS Society of Canada, the ALS Society of the province in which I am participating in the Walk for ALS, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly or collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 'Walk for ALS' in 2010, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and photo in connection with this event.

Signature of Participant: _____

Parent or Guardian (if under 18): _____