



TEAM WAIVER FORM

**THE ADVENTURE OF THE YEAR STARTS HERE.
SIGN THE WAIVER TO GET YOUR TEAM ON ITS WAY.
UP TO SIX PEOPLE PER FORM. PLEASE PRINT CLEARLY.**

WAIVER RELEASE AND INDEMNITY (Please read and sign below)

I, on behalf of myself and if applicable, the minor or minors listed below for whom I am a parent or legal guardian (the "Minor(s)"), wish to participate in The Great Camp Adventure Walk™ benefiting The Hospital For Sick Children Foundation, scheduled to take place on September 27, 2014, as well as various pre- and post-event activities (the "Event") and agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal, provincial and Federal laws and regulations.

I and the Minor(s) (if any) understand that participating in the Event involves using public streets and facilities, interactions with dogs, and the use of and participation in services made available to participants during the Event is a potentially hazardous activity and can result in serious personal injury or death. I and the Minor(s) (if any) am aware of and expressly assume all risks associated with participating in this Event, and I assert that my participation or the participation of the Minor(s) (if any) in this Event is voluntary.

If I bring a dog(s) (the "Dog") to the Event, I accept that I am solely and fully responsible for any bodily injury or property damage as a result of the Dog(s) actions at the Event. I represent and warrant that the Dog(s) is healthy, up to date on vaccinations and not aggressive in nature. I agree to keep the Dog(s) on a leash at all times and agree to remove the Dog(s) from the Event if requested by Event staff.

In consideration for being permitted to participate in this Event, I, on behalf of myself and the Minor(s) (if any), hereby waive, release and forever discharge, from any and all claims for injuries, damages and losses I and the Minor(s) (if any) may have arising out of the Event or my and the Minor(s) (if any) participation in the Event against The Hospital for Sick Children Foundation, The Hospital For Sick Children, Canaccord Genuity Corp., any beneficiaries, sponsors, officials, Camp Walkers, Camp Crew, consultants, participants, third-party vendors, government or public entities, and each of their respective affiliates, successors, officers, directors, members, employees, volunteers, agents, and representatives, (collectively referred to as the "Releasees"), of and from any and all proceedings, claims, demands, damages, costs, expenses, actions and causes of action (whether known or unknown) whatsoever, both in law and in equity, which I and the Minor(s) (if any) now have or may hereafter have for or by reason of or in respect of my and the Minor(s) (if any) participation in the Event whether as a spectator, participant, competitor or otherwise, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the Releasees.

I on behalf of myself or the Minor(s) (if any) further hereby agree to indemnify all of the Releasees from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation, the Minor(s) (if any) and/or the Dog(s) (if any) participation in the Event.

I on behalf of myself or the Minor(s) (if any) agree that my, the Minor(s) (if any) and/or the Dog(s) (if any) participation in the Event is subject to the sole discretion of the organizers of the Event, and that my and/or the Minor(s) (if any) participation may be limited or terminated, with or without cause.

I on behalf of myself or the Minor(s) (if any) give permission to The Hospital for Sick Children Foundation, The Hospital For Sick Children, Canaccord Genuity Corp., and each of their respective affiliates, subsidiaries, agents, consultants and representative, for the free use of my, or the Minor's (if any) and/or the Dog(s) (if any) name, photograph, voice, likeness or statements, in any broadcast, telecast, advertising promotion, or other use or reuse on account of this Event or marketing or promotion for future or similar events and I understand and consent that I will periodically be receiving communications related to my participation in the Event.

The provisions of this Waiver, Release and Indemnity shall ensure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of each of the Releasees and shall be binding upon my heirs executors, administrators and personal representatives and the heirs, executors, administrators and personal representatives of the Minor(s) (if any).

This Waiver, Release and Indemnity shall be interpreted and the rights of the parties determined, under the laws of the Province of Ontario and for Ontario courts shall have exclusive jurisdiction for any dispute.

I have carefully read this Waiver, Release and Indemnity and fully understand and agree to its contents. I agree and acknowledge that I am signing this Waiver, Release and Indemnity on behalf of myself or the Minor(s) (if any) freely and voluntarily, and intend by my agreement to be a complete and unconditional release of all liability against the Releasees to the greatest extent allowed by law.

Please print first and last name here

Signature here

WALKER 1 _____ Date MM / DD / YY

WALKER 2 _____ Date MM / DD / YY

WALKER 3 _____ Date MM / DD / YY

WALKER 4 _____ Date MM / DD / YY

WALKER 5 _____ Date MM / DD / YY

WALKER 6 _____ Date MM / DD / YY

Signature of participant (or guardian if participants are under 18) _____

THE GREAT CAMP ADVENTURE WALK
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