



**DYSTONIA
MEDICAL
RESEARCH
FOUNDATION
CANADA**

serving all dystonia-affected persons

Hamilton Freedom to Move Pledge Sheet and Waiver

June 8th 2019 at Stoney Creek Battlefield Pavilion from 10 a.m. to 1 p.m.

NAME _____ **ADDRESS** _____ **CITY** _____

POSTAL CODE _____ **TELEPHONE** _____ **EMAIL** _____

Release, Waiver & Indemnity:

I AGREE that all times during my participation, including events leading up to the event, and post-event the Hamilton Freedom to Move Event 2019 (Hamilton Walk) my safety remains my sole responsibility. I am aware of the risks of participating in the Hamilton and assume all such risks.

IN CONSIDERATION of accepting my application to participate in Hamilton Walk, I, for myself, my heirs, executors, administrators, and legal representatives, RELEASE AND FOREVER DISCHARGE Dystonia Medical Research Foundation (DMRF) Canada and all other associations, all sanctioning bodies, all sponsoring corporations and all of their respective employees, volunteers, agents, officials, servants, representatives and successors of and from all claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in respect of any death, injury, loss or damage to my person or property (a "LOSS") HOWSOEVER CAUSED arising or to arise by reason of my participation in Hamilton Walk, whether as a volunteer, spectator, participant, competitor or otherwise, whether the Loss occurs prior to, during, subsequent to Hamilton Walk or while travelling to or from the event, even if caused in whole or in part by the negligence or other fault of the parties or person or persons. I FURTHER AGREE to hold harmless and indemnify the parties from and against any and all liabilities which any of them may incur as a result of, or in any way connected with, my participation in Hamilton Walk by the dangerous or defective condition of any property or equipment owned, maintained or controlled by them and/or because of their liability without fault. I UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. I, consent to being provided emergency treatment in the event of illness or injuries during my participation in Hamilton Walk, and agree to not hold DMRF Canada responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, electronic or video image, motion picture, video tape, recordings, computer information or other likeness without further notice or compensation to me, in any publicity or advertisement carried out by DMRF Canada in any manner whatsoever, including print, broadcast, or the Internet. BY SUBMITTING

THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY, I WARRANT that I am sufficiently trained to safely participate in this event.

Signature of Participant: _____

Date: _____

Signature of guardian if under 18 years of age: _____

Please Print Clearly

Make cheques payable to DMRF Canada (receipts will be issued only for donations \$20 and over)

	First Name	Last Name	Address (Street, City, Prov, PC)	Phone	Amount
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2.					

	First Name	Last Name	Address (Street, City, Prov, PC)	Phone	Amount
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Questions? Please visit www.dystoniacanada.org/hamiltonwalk

Total Pledges: _____