

Out of the Darkness Memorial Walk

Participation Waiver: I agree that at all times during the Out of the Darkness Memorial Walk, my safety remains my sole responsibility. I hereby release, waive and forever discharge the Canadian Mental Health Association, The City of Calgary, and the Calgary Zoo and Botanical Gardens, their agents, volunteers, representatives, officers, and their successors and assigns, of and from all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused arising or to arise by reason of my participation in the Out of the Darkness Memorial Walk, whether as a spectator, participant or otherwise; whether prior to, during or subsequent to the event. I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

By my signature of this waiver, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I/we warrant that I/we am/are physically fit to participate in this event.

On behalf of me and my minor children (age 17 and under) listed below:

Child: _____ age ____; Child: _____ age ____

Child: _____ age ____; Child: _____ age ____

Address: _____

Phone: _____ Email: _____

Print Name: _____ Date: November 15, 2008

Signature: _____

Would you like to be contacted for next year's event? Yes: ____ No: ____