Sunrise's *Walk With Us*

Saturday Oct 4, 2025

Registration Form

Name of Participant (Please print clearly)

Address

City Province Postal Code

Phone Number

Email Address for email list and tax receipts over $20

Pledge amount if sponsoring self:

_____

How did you hear about us?

Release of Liability, Waiver of Claims and Assumption of Risks Agreement

Please Read Carefully

In consideration of the acceptance of my registration to participate in Sunrise's Walk With Us event on Saturday, October 4, 2025, I for myself, my heirs, executors, administrators, successors, and assigns, hereby jointly and severally release and forever discharge Sunrise Pregnancy and Family Support Services, all sponsors, members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in Sunrise's Walk With Us fundraiser, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver.

I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of weather, including high heat, extreme cold and/or humidity, conditions of the road or trails, all such risks being known and appreciated by me.

By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release, and indemnity. I warrant that I am physically fit to participate in this event.

Signature of Participant (Parent/Guardian if entrant is under 18 years of age) Date (DD/MM/YY)

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