

WAIVER OF LIABILITY AND RELEASE AGREEMENT

ACTIVITY REGISTRATION FORM

Date(s) of Activity: June 8, 2025

Name of Participant: _____
(Print first name) (Print last Name)

Address: _____ (Prov./City/PC) _____

Contact #: _____ Emergency Contact Name & #: _____

Location of Activity/ (select one):

Shiloh SDAC Parking Lot and Thompson Memorial Park and back
 Shiloh SDAC Parking Lot, only

Select Activity (ties):

- WALK-A-THON**
- SKIP-A-THON**
- SACK RACE**
- THREE-LEGGED RACE**
- BASKETBALL**
- BOARD GAMES**

By participating in the above activities, you may be exposed to several inherent risks, including but not limited to those listed below:

- **Tripping and Falling**
- **Abrasions, cuts, and contusions**
- **Sprained ankles and wrists**
- **Broken wrists**
- **Heart attack**
- **Struck by car**
- **Dog bite**
- **Dehydration**
- **Heat Rash**
- **Heat Exhaustion**
- **Any acts of nature**



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I _____ wish to participate in t(the "Activity") _____ organized by Shiloh Seventh-day Adventist Church. As a precondition of participating in the Activity, I have read the Waiver of Liability and Release Agreement (the "Agreement") and agree to its terms.

Assumption of Risk. I understand that participating in the Activity entails inherent risks of physical injury, including, but not limited to, the risks described in the Activity Detail Form on the reverse side of this Release Agreement. I have been given the chance to ask questions concerning the Activity Detail Form, and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity and hereby elect to participate in the Activity voluntarily.

Liability Release. In consideration of being permitted to participate in the Activity, I release and forever discharges. Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in my death, which has been or may be sustained as a consequence of my participation in any of the Activity.

Indemnification. I agree to indemnify and hold harmless the Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers from and against any loss, liability, damage, or costs, including court costs and attorneys' fees, that the Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers may incur arising from my participation in the Activity.

Fitness to Participate. I declare that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the Activity. I understand the Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers have not made, nor will make any investigation into my physical fitness or ability to participate in the Activity, and Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers are relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses, not covered by my insurance, incurred because of my participation in the Activity.

Emergency Medical Treatment. I grant the Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers' permission to authorize emergency medical treatment, as it deems appropriate and agree that such action by Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers shall be subject to the terms of this Agreement. I understand and agree that the Shiloh Seventh-day Adventist Church, its subsidiaries and volunteers, assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

Intent: It is my express intent that this Agreement shall bind the members of my family and spouse (if any), my estate, heirs, executors, administrators, legal representatives and assigns from all manner of actions, causes, debts, account, bonds, contracts, claims and demands assigns, and personal representatives.

Governing Law: This Agreement will be governed by and construed in accordance with the laws of the Province of Ontario.

Release: I acknowledge that the Shiloh Seventh-day Adventist Church may take photographs and/or video recordings of me while present at the Facilities and/or participating in the Activity. I hereby grant the Shiloh Seventh-day Adventist Church express permission to use the name, likeness, image, voice and/or appearance, as such may be embodied in any photographs, video recordings, digital images, and similar media, taken or made by Shiloh Seventh-day Adventist Church. I agree that the Shiloh Seventh-day Adventist Church shall have complete ownership of such media, including all copyrights, and may use it for promotional purposes, including on any websites or social media accounts and on physical advertising or informational materials, such as brochures, pamphlets, postcards, inserts and articles. I acknowledge that I will not receive any compensation for the use of such media and hereby release the Shiloh Seventh-day Adventist Church from all claims which may arise out of or are in any way connected with such use.

Signature: _____

_____ Date

_____ Age

_____ Full Name & Signature of Guardian if 17 years of age or younger.

Please email the completed and signed form, 2 days prior to the event, to walkathon.shiloh@gmail.com OR bring the completed form to the event.