

WALK A MILE IN HER SHOES

Saturday September 23, 2017

O'Siyam Pavilion Park

Squamish, BC

EVENT WAIVER FORM

PARTICIPANT NAME: _____

MAILING ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE: _____

EMAIL: _____

Registration begins at 10:30am, the walk will commence at 11:00am

Meet at O'Siyam Pavilion Park on Cleveland Avenue at 10:30am

WAIVER: I hereby release the Howe Sound Women Centre Society employees and volunteers and all municipal agencies whose property and/or personnel are used and other sponsoring or co-sponsoring agencies or individuals from responsibility for injuries or damages I may suffer as a result of my participation in Walk A Mile In Her Shoes®: The International Men's March to Stop Rape, Sexual Assault and Violence. I hereby permit the use of my name and image in broadcasts, telecast, newspapers, and all materials, including travel to and from the event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and I have not been advised otherwise by a qualified medical person. IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has the permission to participate in the walk and event officials have my permission to authorize emergency medical treatment if necessary.

Signature (Parent or Legal Guardian, if under 18): _____

Date: _____