

Liability Waiver

2018 Hike for Health

In consideration of the acceptance of my application and the permission to participate as an entrant in the Hike For Health, I for myself, my heirs, executors, administrators, successors, and assigns hereby release, waive and forever discharge the event sponsors, promoters, organizers, the Township of Nipigon, Land of the Nipigon Waterways Development Association, the Township of Red Rock, and all from all claims, demands, damage, costs, expenses or loss to my person or property howsoever cause arising or arise by my participation in said athletic event. By submitting this registration form, I acknowledge having read, understood and agreed to the above waiver, release and indemnify, I have full knowledge of the risks involved in this event.

Date	Print Name	Signature
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(children under 18 years of age must have a parent sign for them)

Date	Minor Name (s)
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Parent/Guardian name	Parent/guardian signature
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