



Accident Waiver and Release of Liability Form

Saturday, Sept 28th WALK to Prevent Homelessness

I recognize and acknowledge that there are inherent risks in my presence and participation in the St. Vincent de Paul Walk of Tacoma, Pierce County (also known as the Particular Council of Tacoma, the Society of St. Vincent de Paul) WALK to Prevent Homelessness, Saturday September 28, 2019. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my registration and participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) I hereby expressly agree that the Society of St. Vincent de Paul, its directors, officers, employees, volunteers, representatives and agents, event holders, event sponsors and event directors (all hereinafter referred to as St. Vincent de Paul) shall not be liable for any damages arising from personal and/or bodily injury, including death or property damage sustained by me or my guest while participating in the Walk to Prevent Homelessness. I assume full responsibility for any such injuries or damages that may occur to me or my guest. I also specifically agree that St. Vincent de Paul shall not be responsible for any such injuries, loss or damage even in the event of negligence or fault by St. Vincent de Paul. This waiver does not, however, apply to gross negligence by St. Vincent de Paul.

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals and entities as a result of any of my actions during this event. I am aware the Society of St. Vincent de Paul does not provide health and accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating in the Walk to Prevent Homelessness.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizations and assigns.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF CLAIM FORM.

Printed Name _____ Signature _____

Emergency Contact _____ Emergency Phone Number _____

*If under 18 years of age, parent or guardian must also sign the youth waiver release.

