



**PRINT NAME:** \_\_\_\_\_

**I am:**             **Marcher**                       **Crew**                       **Volunteer**

**PLEASE PRINT CLEARLY:**

**FIRST EMERGENCY CONTACT INFORMATION**

First and Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

**SECOND EMERGENCY CONTACT INFORMATION**

First and Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

## Waiver of Negligence & Complete Release of Liability

I wish to participate in the Kidney March which I understand to include a three-day, non-competitive pledge walk as well as other related events. I understand that by participating in the Kidney March I may be using public streets and facilities where hazards exist, and I am aware of and appreciate the risks which may result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

I agree to assume all risks and to release and hold harmless The Kidney Foundation of Canada, the City of Calgary, the Alberta Department of Transportation, their affiliated organizations, designated beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Kidney March and all other government or public entities (and all of their respective officers, directors, agents, employees and members) who, through negligence, carelessness or any other cause, might otherwise be liable to me.

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Kidney March, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I am physically capable of participating in the Kidney March. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in the Kidney March. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the Kidney March description and rules for participation in the Kidney March and I will abide by all rules and regulations established by the Kidney March organizers and personnel as well as the Alberta Vehicle Code.

I understand that my name, photograph, voice or likeness may be used by the Kidney March and The Kidney Foundation of Canada, and their licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I certify that I am at least 16 years of age at time of the event. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, directors, employees, agents and representatives and I sign it of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement on the day prior to the Kidney March by signing another copy of this waiver, and the failure to do so will disqualify me from participating in the event without entitling me to any refund.

**THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

I AGREE (please check the box):

PRINT FULL NAME:

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SIGNATURE:

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DATE:

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**Personal Medical Information:**

The following information will be used by Kidney March Medical Volunteers in case of an emergency. This information will be kept strictly confidential and available for access only by Kidney March Medical Volunteers, contracted EMS personnel and Alberta Health Services staff, as necessary.

Last Name:

First Name:

Age:

Date of Birth:

Address:

City:

Province:

Provincial Health Care #:

Allergies (medication, food, environment):

Are you taking any prescription medications? (If yes, please specify)

Do you currently have any medical conditions? Diabetes, Epilepsy Asthma, Other (Please specify)

I hereby give permission to Kidney March Medical Volunteers to provide emergency and routine first aid, and seek emergency medical treatment including, without limitation, ordering tests or any other procedure recommended by any physician or medical provider. I agree to the release of any records necessary for insurance/medical purposes. I hereby give permission to Kidney March Medical Volunteers to arrange any necessary related transportation for me in the event of an emergency. I am aware that either myself or my health insurance provider will be responsible for the cost of emergency medical transportation as required. In the event of an emergency, I hereby give permission to all physicians, related medical providers and any health care facility to secure and administer treatment, including hospitalization, for the participant identified above.

**Signature:****Date:**

## Release – Photo and Video Images

The Kidney Foundation of Canada will be photographing and videotaping the Kidney March and related Kidney March activities and events. Kidney March participants will also be photographing and videotaping the Kidney March and related Kidney March activities and events.

I understand that I may be photographed or videotaped during my participation in these events and activities.

I hereby grant The Kidney Foundation of Canada permission to use my likeness, name or images in any and all publications including web sites, without compensation or any other consideration or restriction, in perpetuity.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_