



**Autism Speaks Canada Walk  
Day of Event Volunteer Form**

Please read the information below and complete the bottom portion of the form. If you are the parent or guardian of minor children (under 18) who are attending this event, please complete **both** sections below.

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**Autism Speaks Inc.  
Walk Participant Release**

In consideration for the opportunity to participate in the Autism Speaks Canada Walk, I agree as follows:

1. I hereby waive and release, for myself, my heirs, executors and administrators, any and all rights, claims, liabilities and causes of action whatsoever I may have against Autism Speaks Inc. its affiliates and the Event operators and sponsors and each of their respective officers, directors, employees and agents (the "Event Parties") relating to or arising from my participation in the Event, including but not limited to personal injury.
2. I recognize the Event has inherent risk of injury and I hereby assume that risk. If I cause injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the Event Parties from and against any and all claims, suits, actions, losses, damages and expenses related to or arising from such injury or damage.
3. I hereby give my consent to Autism Speaks Inc. and its affiliates to use my name and photographs, video and film ("Photos" of me taken before, during and after the Event in advertising and promotional material for Autism Speaks, including but not limited to the Internet, without compensation. I agree that no advertising or other material need be submitted to me for approval. I agree that all Photos of me used by Autism Speaks Inc. and its affiliates are owned by Autism Speaks Inc. and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my name and/or Photos, including, any alteration of such Photos, whether intentional or otherwise.

I have read and understand this Release, and declare all information is truthful and accurate. Print

Name:

Address:

City:

Province:

PC:

Email Address:

Walk City:

Walk Date:

Signature:

Date Signed:

**If releaser is a minor in his/her province of residence, please complete the following form:**

I, the undersigned, hereby warrant that I am the parent/guardian [circle one] of \_\_\_\_\_ [print name], a minor, and have full authority to authorize the above Release, which I have read and approve. I hereby release and agree to indemnify the Event Parties and their respective successors and assigns from and against any and all liability arising out of the exercise of the rights granted above.

Print Parent/Guardian Name:

Parent/Guardian Signature:

Date: