

**Personal Walking Challenge (PWC)**  
**Registration and Waiver of Liability Form**

**Registration**

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested by this voluntary program. I understand its objectives and restrictions. I hereby wish to register in the program and will select the most appropriate means for me to accomplish it, after consultation with my physician.

**Waiver of Liability**

**Disclaimer:** I have read the conditions of participation in this program published by the Canadian Volkssport Federation, and agree to be bound by them. In consideration of acceptance of this entry and my being permitted to take part in this program, I, the undersigned, agree to save harmless and keep indemnified the Canadian Volkssport Federation, its members and sponsors, its organizers and their respective agents, officials, servants, representatives, employees, directors and program officials from and against all claims, actions, costs and expenses, and demands in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my participation in this program and notwithstanding that death, injury, loss or damage to my person or property have been contributed to or occasioned by the negligence of the above-described bodies, or any of them, or their agents, officials, servants or representatives, and it is understood and agreed that this agreement is binding on myself, my heirs, executors and assigns.

Dated on \_\_\_\_\_ at \_\_\_\_\_  
(City) (Province/Territory)

\_\_\_\_\_  
Signature

**Return to:** Canadian Volkssport Federation  
251 Bank Street, Unit 604  
Ottawa, ON K2P 1X3

(Rev. April 2017)