

In support of York Region District Stroke Centre
Strides for Stroke
5K Run/Walk

Saturday, May 1, 2009

**Volunteer
Agreement, Release,
Waiver and Indemnity**

Thank you for your interest in volunteering for the **Strides for Stroke 5k Run/Walk** which will be held on Saturday, May 1, 2010 at Richmond Green. In addition to participating in a fun and rewarding day, you will be helping walkers and runners achieve their goals and raising funds for the York Region District Stroke Centre located at York Central Hospital.

Please Read Before Signing

I, (*print name*) _____ agree that at all times during the **Strides for Stroke 5k Run/Walk** my safety remains my sole responsibility and that I am aware of the risks inherent in volunteering at this event and assume all such risks.

I, for myself and my heirs, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the **Strides for Stroke 5k Run/Walk** and all other associations and sponsors including, without limitation, Richmond Green Park and all their respective officials, representatives, employees and volunteers from all claims, demands, damages, costs, expenses, in respect of death, injury, loss or damage to my person or property howsoever caused, by reason of my participation as a volunteer in this event notwithstanding that same may have been caused or contributed to by the negligence of the aforesaid. I further agree to indemnify the aforementioned parties and hold them harmless should any such claim be made on my behalf.

I hereby give my permission for my photograph to be reproduced in publications related to York Central Hospital.

I acknowledge having read, understood and agreed to the above agreement, release, waiver and indemnity. I warrant that I am physically able to volunteer at this event.

Signature: _____
(parent/guardian if under 18)

Printed name: _____

Date: _____

York Central Hospital Foundation
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