

School of Walk™

WAIVER, RELEASE OF LIABILITY, AND CONSENT FORM

(For Participants Under 18 Years of Age)

Participant Information

Child 1

Child's Full Name:

Age:

Child 2

Child's Full Name:

Age:

Child 3

Child's Full Name:

Age:

Parent / Guardian Information

Full Name:

Phone:

Email:

Emergency Contact

Name:

Phone:

CONSENT & AGREEMENTS

Please read each statement carefully and indicate your agreement.

1. Consent to Participate

I, the undersigned parent or legal guardian, give permission for my child(ren) to participate in walking instruction, coaching sessions, and related activities provided by School of Walk Inc.

Yes No

2. Assumption of Risk and Waiver of Liability

I understand that participation in walking instruction and related activities involves inherent risks, including but not limited to falls, physical injury, or other unforeseen incidents.

I voluntarily assume all risks associated with my child(ren)'s participation and agree to release, waive, and hold harmless School of Walk Inc., its owners, instructors, employees, and affiliates from any and all liability for injury, loss, or damage.

Yes No

3. Medical Authorization

In the event of an emergency, I authorize School of Walk Inc. to obtain medical treatment for my child(ren) if I cannot be reached. I agree to be responsible for any costs associated with such treatment.

Yes No

4. Photo and Media Release

a. Consent to Capture Media

I grant permission for my child(ren) to be photographed or recorded during participation.

Yes No

b. Consent to Use Media

I grant permission for School of Walk Inc. to use such photographs or recordings for promotional purposes, including but not limited to social media, website content, and marketing materials.

Yes No

5. Voluntary Participation

I understand that participation is voluntary and that no guarantees have been made regarding outcomes or results.

Yes No

6. Indemnification

I agree to indemnify and hold harmless School of Walk Inc. from any claims, demands, or causes of action arising out of or related to my child(ren)'s participation.

Yes No

7. Contact Acknowledgment

I acknowledge that I may contact the organization with any questions or concerns:

Contact Name: Kim Noseworthy

Phone: 403-397-3535

Email: kim@theschoolofwalk.com

Yes No

8. Governing Law

This agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta. If any provision is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

Yes No

Signature

I have read and understood this waiver and agree to all terms outlined above.

Parent/Guardian Signature:

Date:
