



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

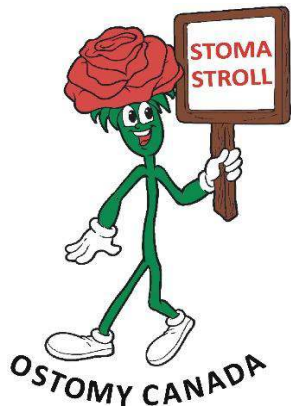
### Stoma Stroll Awareness Walk Waiver

By signing this release, I understand that I am participating at my own risk and waive all claims of any nature against the organizers, officials, sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability, for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participating in the Ostomy Canada Society's Stoma Stroll Awareness Walk.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ (If under 18)

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

---



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

### Stoma Stroll Awareness Walk Waiver

By signing this release, I understand that I am participating at my own risk and waive all claims of any nature against the organizers, officials, sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability, for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participating in the Ostomy Canada Society's Stoma Stroll Awareness Walk.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ (If under 18)

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

---