

# Talk Stroll and Roll Liability and Release Waiver

I, \_\_\_\_\_, wish to participate in the Halton-Peel  
(name of participant)

Community Aphasia Programs' "Talk, Stroll and Roll" walk-a-thon fundraiser. I understand the risks involved in participating in this walk-a-thon and assume all risks for personal safety. I confirm that I am in proper physical and mental condition to participate in this event.



Yes



No

For participants under the age of 18 years, I, \_\_\_\_\_ assume all risks for  
(parent/guardian of participant[s])  
personal safety of the below mentioned participants:

\_\_\_\_\_  
(name of participant)

\_\_\_\_\_  
(participant DOB) dd/mm/yyyy

\_\_\_\_\_  
(parent / guardian signature)

\_\_\_\_\_  
(name of participant)

\_\_\_\_\_  
(participant DOB) dd/mm/yyyy

\_\_\_\_\_  
(name of participant)

\_\_\_\_\_  
(participant DOB) dd/mm/yyyy

I give my permission to H-PCAP to use my picture and/or video for the following:



- To raise aphasia awareness
- To share on social media platforms
- For educational and promotional materials (e.g. website, brochures, etc.)



Yes



No

I understand that I can withdraw my consent at any time.



Yes



No

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Signature of Participant

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Participant's Name Printed

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dd/mm/yyyy  
Participant DOB

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Witness' Signature

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Witness' Name Printed

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Date (dd/mm/yyyy)