**The Archdiocese of Halifax-Yarmouth – The Way of Stella Maris: A Pilgrimage of Visitation**

**Waiver and Release of Liability**

By signing this form you waive important legal rights. Please read carefully. This agreement must be completed in full before you can participate in the Archdiocese of Halifax-Yarmouth - The Way of Stella Maris: A Pilgrimage of Visitation.

**Release of Liability, Waiver of Claims and Indemnity Agreement**

I, the participant, on behalf of myself, my heirs, next of kin, executors, administrators, representatives and assigns, hereby forever waive all claims and release, discharge and hold harmless the Archdiocese of Halifax-Yarmouth (the “Organizers”), and their representatives and agents, without limitation, all other entities associated or involved in the organization or staging of events or any other volunteer activities, including, but not limited to, volunteers, third party vendors, all venues in which volunteer activities or segments of volunteer activities are held, and the members, officers, directors, employees, representatives, assigns, affiliates, and agents of any of the above (collectively, the “Releasees”); for any and all losses, costs, causes of action, claims or damages, including any claim for damages for personal injury to my person or personal property damage howsoever caused, arising out of or in connection with my taking part in the Event, notwithstanding that the same may have been contributed to or occasioned by, without limitation, the negligence, breach of contract or breach of any statutory or other duty of care of the Organizer, or any of the Releasees.

I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein: and I indemnify and hold harmless the Organizers and Releasees from and against any and all losses, claims, suits, actions, damages or liabilities (including without limitation, legal fees and disbursement on a solicitor and its own client basis) assessed against them as a result of or in connection with my actions during, and in connection with the Event.

**Assumption of Risk**

I acknowledge that I am aware of the possible risks, dangers and hazards associated with participating in the Archdiocese of Halifax-Yarmouth - The Way of Stella Maris: A Pilgrimage of Visitation event including the possible risk of severe or fatal injury, property loss and COVID-19. I hereby assume these risks which include, but are not limited to: the possibility of physical injury to myself such as muscle strain, broken bones, concussion, soft tissue damage, infectious diseases, cardiac arrest and contracting COVID-19.

I certify that I have not been advised against participating by a qualified health professional. I acknowledge that the Organizers, permitting me to participate in the Archdiocese of Halifax-Yarmouth The Way of Stella Maris: A Pilgrimage of Visitation, accept my statements on this release waiver.

**Media Release**

I hereby grant full permission to the Organizers to use any photographs, motion pictures, videotapes, recordings or any record of this Event for any purposes, without limitation, commercial use.

I affirm that I am sixteen (16) years of age or older, I have read this document, and I understand its contents. I acknowledge that I am signing this waiver voluntarily and that if I am under the age of eighteen (18) I require parental consent.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I, OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, MAY HAVE AGAINST THE ORGANIZERS AND RELEASEES.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MSI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT (Who is not walking this pilgrimage with you)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_