

Liability Waiver and Photograph/Video/Audio Release Agreement

I, the undersigned, agree to indemnify and hold Hospice Halifax and all its employees or agents harmless from any and all liability (personal, physical and financial) related to participation in the 2019 Hike for Hospice Palliative Care awareness and fundraising event. This event is scheduled to take place on **Sunday, May 5, 2019** in the city of Halifax in the province of Nova Scotia.

I, the undersigned, hereby consent and agree that Hospice Halifax and all its employees or agents have the right to take photographs, videotape or digital recordings of me during the 2019 Hike for Hospice Palliative Care. I further consent that my name and identity may be revealed in these images, or by descriptive text or commentary.

I hereby release Hospice Halifax and all its employees or agents to exhibit these images, text or commentary in print or electronic form, either publicly or privately, and to distribute copies for promotional and advertising purposes. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media is used.

I understand that there will be no financial or other remuneration for recording or photographing me, or for distributing recordings or photographs of me. I understand that Hospice Halifax is not responsible for any expense or liability incurred as a result of my participation in this recording or photographing, including medical expenses due to any injury incurred as a result.

I represent that I am at least 18 years of age, and have read and understood the foregoing statements, and am competent to execute this agreement. If children or wards are listed below, I acknowledge that I am also signing on behalf of these children or wards.

Name: _____ (please print)

Names of Children or Wards, if signing on behalf of others:

Signature: _____ Date: _____