



**1. LIABILITY WAIVER**

I, \_\_\_\_\_, hereby agree to indemnify and hold harmless the Hospice Society of the Columbia Valley, inclusive of (organizers, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on the behalf of Hike for Hospice Palliative Care) and SRL K2 Ranch from any and all liability (personal, physical and/or financial including illness, personal injury or property loss) related in any way to the operation and hosting of, or my participation in, the Hike for Hospice Palliative Care public awareness and fundraising event held at the SRL K2 Ranch in the province of BC on Sunday, June 24, 2018, and I hereby waive any claims I may have against any of the aforementioned entities in connection with such awareness and fundraising event.

I represent that I am at least 19 years of age, or am signing on behalf of my child(ren) or ward(s), and have read and understand the foregoing statement, and am competent to execute this agreement.

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

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of my child(ren) or ward(s) if signing on behalf of: \_\_\_\_\_

**2. PHOTO CONSENT Photographing, Video-taping, Sharing of Images** The work that is done by the Hospice Society of the Columbia Valley is a very important part of building safe, happy, healthy, sustainable communities. By photographing or video-taping members, volunteers and other persons participating in activities and events we create visible evidence of what we do. We use such images by displaying them from time to time in public presentations, on our social media sites, in reports and on displays. For this reason, we ask for you to allow us to share images from our June 24, 2018 Hike for Hospice Palliative Care public awareness and fundraising event and/or include them in our internal Photo Library.

**Please print:**

I/we \_\_\_\_\_  
Member / Volunteer / Event Participant / Parent/Guardian if signing on behalf of my child(ren) or ward(s) under 19 years of age

will allow for all Hospice Society of the Columbia Valley staff including its directors, officers, agents, employees, volunteers, successors and assigns to:

- 1. photograph myself or my child                      YES                          NO
- 2. video-tape myself or my child                      YES                          NO
- 3. share photos or video-taping with                      YES                          NO      
    other agencies and/or general public

*I understand that my image may be edited or fixed and used in many ways, including but not limited to: film, slide, videotape, digital images/movies, photographs, voice recordings, posted on our websites or other media ads, data storage and archives.*

*This consent will remain valid for five (5) years from the date of signing. My consent can be withdrawn at any time by contacting Hospice Society of the Columbia Valley at 250-688-1143.*

I represent that I am at least 19 years of age, or am signing on behalf of my child(ren) or ward(s), and have read and understand the foregoing statement, and am competent to execute this agreement.

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

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of my child(ren) or ward(s) if signing on behalf of: \_\_\_\_\_