

CMCC 37th Annual BACKS IN MOTION

10km Run & 5km Run/Walk

Dog release, waiver and indemnity

IN CONSIDERATION of the acceptance of my application and the permission for my dog to participate as an entrant in the BACKS IN MOTION WALK FOR CHIROPRACTIC EDUCATION, RESEARCH AND PATIENT CARE ON SUNDAY, APRIL 26, 2020. I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Toronto, the Toronto Police Services Board, the Toronto Police Service, the Members of the Toronto Police Service Auxiliary Program, the Chief of Police, the Toronto Transit Commission, the Canadian Memorial Chiropractic College, Athletics Ontario and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage of my person or property HOWSOEVER CAUSED, arising or to arise by reason of my dog's participation in the said event, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING same may have been contributed to or occasioned by negligence of any of the aforesaid. I hereby agree to allow the use of any photographs taken of my dog in the Walk, by the organizers, for future event promotional purposes. Such photos are not to be used for any other commercial re-sale purposes. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my dog's participation in the said event. BY SUBMITTING this WAIVER, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER AND INDEMNITY. I WARRANT that my dog has received current vaccinations as required by the City of Toronto, is able to be controlled on a leash by me, and is physically able to participate in this event.

| Name: | | |
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_____ Date: _____

Signature: _____

Canadian Memorial Chiropractic College

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