

**Walk to D-Feet MND
DECLARATION, WAIVER AND INDEMNITY**

For all people participating in the annual Walk to D-Feet MND.

Please read and accept this Declaration, Waiver and Indemnity from liability and potential claims based upon negligence or other claimed misconduct.

1. I understand that my participation in the Walk to D-Feet MND (the event) involves a 4km walk on kerbside paths, the crossing of roads and beach front paths.
2. I am aware of the hazards involved and these include, but are not limited to, footpath surfaces, the crossing of roads and weather conditions.
3. I certify that I have sufficient competence to participate safely in this event.
4. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I:
 - (a) RELEASE AND DISCHARGE the Motor Neurone Disease Association of SA Inc event sponsors, event producers, volunteers, community organisations, all State, Federal & Local Government authorities with responsibility for the locality in which the event may be staged, and their or its respective officers, directors, employees, independent contractors, representatives, agents and volunteers (Indemnified Parties) from any and all liability for death, disability, personal injury, property damage, property theft and all other loss or injury whatever and however occurring which my child may suffer as a result of or in connection with, directly or indirectly, their participation in and their travelling to and from this event and I waive all and any claims against the Indemnified Parties which for the execution of this Declaration, Waiver and Indemnity I may have had against the Indemnified Parties or any of them;
 - (b) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in paragraph 4(a) from any and all liabilities, claims or actions (including negligence) whatever or however caused which may be brought against them arising as a result or in connection with, directly or indirectly, my child's participation in and travelling to and from this event, including any claim by their (or their team), support crew or any person assisting them or their team.
5. I hereby provide consent to receive medical treatment which may be deemed necessary in any event of injury, accident and or illness during the event.
6. I understand that during the event or related activities I may be photographed or filmed. I agree to allow this photograph, video or film likeness to be used for any legitimate purpose by the Motor Neurone Disease Association of SA Inc, the sponsors and or assigns.
7. I agree that I will abide by the event rules and I understand that entry may be voided if through my actions or behaviour, in the opinion of the organisers reserve the right to reject any entry without having any justification for their actions.
8. I understand that in the event of a full cancellation the entry registration and fundraising is not-refundable.

I hereby certify that I am over 18 years of age before the start of the Walk to D-Feet MND

I have read, understood, accept and agree to be bound by the terms and conditions set out in this Declaration, Waiver and Indemnity.

DECLARATION, WAIVER AND INDEMNITY

For all participants that will be under the age of eighteen (18) years before the Walk starts.

Please read and accept this Declaration, Waiver and Indemnity from liability and potential claims based upon negligence or other claimed misconduct.

1. I understand that my child's participation in the Walk to D-Feet MND (the event) involves a 4km walk on kerbside paths, the crossing of roads and beach front paths.
2. I am aware of the hazards involved and these include, but are not limited to, footpath surfaces, the crossing of roads and weather conditions.
3. I certify that I my child has the competence to participate safely in this event.
4. On behalf of my child, myself, my executors, administrators, heirs, next of kin, successors and assigns, I:
 - (a) RELEASE AND DISCHARGE Motor Neurone Disease Association of SA Inc event sponsors, event producers, volunteers, community organisations, all State, Federal & Local Government authorities with responsibility for the locality in which the event may be staged, and their or its respective officers, directors, employees, independent contractors, representatives, agents and volunteers (Indemnified Parties) from any and all liability for death, disability, personal injury, property damage, property theft and all other loss or injury whatever and however occurring which my child may suffer as a result of or in connection with, directly or indirectly, their participation in and their travelling to and from this event and I waive all and any claims against the Indemnified Parties which for the execution of this Declaration, Waiver and Indemnity I may have had against the Indemnified Parties or any of them;
 - (b) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in paragraph 4(a) from any and all liabilities, claims or actions (including negligence) whatever or however caused which may be brought against them arising as a result or in connection with, directly or indirectly, my child's participation in and travelling to and from this event, including any claim by their (or their team), support crew or any person assisting them or their team.
5. I hereby provide consent for my child to receive medical treatment which may be deemed necessary in any event of injury, accident and or illness during the event.
6. I understand that during the event or related activities my child may be photographed or filmed. I agree to allow his/her photograph, video or film likeness to be used for any legitimate purpose by the Motor Neurone Disease Association of SA Inc, the sponsors and or assigns.
7. I agree that my child will abide by the event rules and I understand that his/her entry may be voided if through his/her actions or behaviour, in the opinion of the organisers reserve the right to reject any entry without having any justification for their actions.
8. I understand that in the event of a full cancellation the entry registration and fundraising is not-refundable.

I hereby certify that my child will be under 18 years of age before the start of the Walk to D-Feet MND.

I have read, understood, accept and agree to be bound by the terms and conditions set out in this Declaration, Waiver and Indemnity.