

By participating in this event - I will absolve the Children's AIDS Health Program, its Founder, its President, its Executive or their agents, its sponsors, its donors, its adjuncts or its heirs from any liability in whatever manner to perpetuity.

In signing this waiver I am freely participating without any financial remuneration and may have my first name or picture, or video used to perpetuity in whatever form of media.

If I am not comfortable with either the use of my name, or media or combinations therein a space on the back of this agreement has been provided to withhold any or all of this information. Noting that this may affect the level of participation regarding this event.

I sign without prejudice and of my own freewill abiding to the terms noted herein. I am aware that prior to participating in any event or taking on any role as an employee and/or volunteer - I will sign, date and have this Personal Participation Agreement witnessed. If I am under 18 shall have a parent or guardian sign on their behalf. All information received about this event will be maintained in accordance to the Privacy Acts of Canada and the Province of Ontario.



LAST NAME

FIRST NAME

AGE

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EMAIL

PHONE NUMBER

Signature

Date



Signature (For Parent/Guardian)

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