



# EVENT LIABILITY WAIVER and PHOTO / MEDIA CONSENT FORM

Saugeen Hospice – Hike for Saugeen Hospice

Event Date: May 3, 2026

Participant Name(s): (please print) \_\_\_\_\_

## Minor Participant Clause

**If one or more of the participants listed above is under the age of majority (18 years old), this form must be signed by a parent or legal guardian. All references to “I,” “me,” or “my” in this document include the parent or legal guardian signing on behalf of the participant(s) under the age of majority.**

## 1. Assumption of Risk and Release of Liability

I certify I have full knowledge of the risks involved in this event.

In consideration of being permitted to take part in this event, I release, discharge, and hold harmless Saugeen Hospice Incorporated, its directors, officers, employees, volunteers, agents, and event partners from any and all claims, demands, actions, or causes of action arising out of or connected with any loss, injury, or damage that may occur during or as a result of my participation.

I confirm that I am physically capable of participating in this activity and agree to follow all instructions and safety guidance provided by event organizers.

## 2. Medical Consent

In the event of an accident or medical emergency, I authorize event organizers, volunteers, or emergency personnel to secure medical treatment deemed necessary. I understand that I am responsible for any associated medical costs.

**Emergency Contact Name:** (please print) \_\_\_\_\_

**Phone:** \_\_\_\_\_



### 3. Photo, Video, and Media Consent

I understand that photographs, video recordings, and audio recordings may be taken during the event. I grant Saugeen Hospice Incorporated the right to capture, store, use, reproduce, publish, display, and distribute these images or recordings of me.

This consent includes use now and, in the future, in any medium or format, for purposes including but not limited to:

- Promotional and marketing materials
- Fundraising campaigns and donor communications
- Digital and print newsletters
- Social media platforms
- Website content
- Public presentations, reports, or displays
- Educational or awareness initiatives supporting the organization's mission

I understand that materials may be edited or combined with other content. I waive any right to inspect or approve the finished product and acknowledge that I will not receive compensation. I understand that Saugeen Hospice will use all materials respectfully and in alignment with its charitable purpose.

I consent to photo/video/media use, including future promotional use

I do NOT consent to photo/video/media use

### 4. Participant Acknowledgment and Signature

By signing below, I confirm that I have read, understood, and agree to the terms of this waiver and consent form.

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

Date: \_\_\_\_\_

If participant is under 18:

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_