Physical Activity

Assumption of Risk and Waiver of Liability

(for any and all events with through the Stittsville Walking Group in 2026/2027)

All participants are required to sign this form prior to taking part in the activity for the year. Even if you only participate once, you must sign this form prior to doing so. Once signed, you are agreeing to the terms for the duration of the year and will be asked to sign a new form in September - June of each year to cover your participation each year.

Assumption of Risk: I recognize that all physical activity, including participation in this fitness activity, involves some degree of risk and that this risk is relative to my current level of health and fitness. I also recognise that I am fully responsible to monitor my own health and fitness level in order to gauge my program of physical activity. It is my responsibility to consult my doctor before commencing any program of physical activity. Understanding that, I accept and assume all risks of injury, illness, death or property damage which may arise as a result of my voluntary participation in this fitness activity and I agree that Stittsville Village Association, it's officers, employees, agents and volunteers are not responsible for any such injury, illness, death, or property damage, however caused.

Waiver of Liability: I hereby release, waive and discharge Stittsville Village Association, it's officers, employees, agents and volunteers from all liability to me and to my heirs, executors, administrators, dependents and assignees for all loss or damage and any claims or demands for such loss or damage on account of personal illness, injury, including death, or property loss, however caused as a result of my participation in this fitness activity.

Indemnification: I hereby agree to hold harmless and indemnify Stittsville Village Association from any and all liability for any property damage or personal injury to any third party resulting from my participation in this fitness activity.

I have read and und understand the risks involved and I agree to take full responsibility for my personal health and safety. I am signing the below so as to participate in the Stittsville Walking Group Activities with an understanding that I am assuming all risk and liability associated with the activities of the Group for the duration of the year and I understand that I will be asked to review and sign this form each year that I participate as a condition of my participation.

On this ____ day of _____ 2026

I _____ (name) am signing this form on behalf of myself or as a parent or guardian of a minor child under 18.

_____

Signature of participate or Parent or Guardian for child: _____