

Walk A Mile in Her Shoes RELEASE AND WAIVER OF LIABILITY

Life After Advocacy Group, Inc.,



By signing this Challenge Walk Release and Waiver of Liability (“Waiver”), and for consideration of participation in the **Walk A Mile in Her Shoes** event (“Event”), currently scheduled to take place on **Saturday, April 20, 2024**, I, _____, fully and completely waive and release the **Life After Advocacy Group, Inc.** (“LAAG, Inc”), its directors, officers, administrators, representatives, and executors, past and present employees, volunteers, agents, supervisors, participants, all state and local governments, assigns, sponsors, their representatives and successors and other persons (collectively, the “Releasees”), from any and all claims, liabilities, damages, and/or causes of action arising out of an injury to me (or my dependent) and from any and all claims, liabilities, damages, and/or cause of actions arising from, or relating to, my (or my dependent’s) participation or attendance in the Event.

Inherent and Potential Risks

I understand that Walk A Mile in Her Shoes involves strenuous physical activity involving walking. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Walk A Mile in Her Shoes relate to the risk of strenuous physical activity associated with walking, collisions with other participants, vehicles, and pedestrians, or falling. I acknowledge that I (or my dependent) may incur minor injuries, major injuries, and injuries, including paralysis and death. I assume all risks from contact with other participants and volunteers (including, but not limited to, contracting a disease), negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of other participants, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity. To the extent that applicable statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Releasees.

I assume all risks associated with consuming any food or drink available at the Event. I am solely responsible for any adverse health effects from food or beverage consumption, regardless of any allergy, known or unknown, that I (or my dependent) may have.

I acknowledge that my participation in the Walk A Mile in Her Shoes may involve vendors, community activities, and time not spent walking where I am attending the Walk A Mile in Her Shoes event. I assume all risk for any and all activities in addition to walking that I (or my dependent) engage in throughout the Event, including my (or my dependent’s) safety from the beginning of the Event through its conclusion.

I agree to dress myself (or my dependent) appropriately to mitigate the risk of physical injury to myself (or my dependent), including, but not limited to, wearing shoes appropriate for the physical activity involved in Walk A Mile in Her Shoes Walk; and dressing in conjunction with the weather.

I agree that the Releasees are not responsible for any personal items or property lost or stolen before, during, or after the Event.

Weapons are strictly prohibited at all Life After Advocacy Group, Inc. events. I agree not to bring any weapon to the Walk A Mile in Her Shoes event, including all LAAG, Inc., sponsored pre and post-event activities.

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Medical Evaluation

I attest that I (or my dependent) am medically and physically able to participate in the Walk A Mile in Her Shoes Walk. If I experience any doubt as to my (or my dependent's) ability to successfully and safely participate in and/or complete the mile walk, I take full responsibility for consulting a physician. I attest that if I (or my dependent) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my dependent) should have or did consult a physician prior to participating in Walk A Mile in Her Shoes Walk.

I consent to emergency medical care and transportation in the event of injury to me (or my dependent) as medical professionals may deem appropriate. This Waiver extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligent emergency rescue operations.

Voluntary Participation

I am fully aware of the risks connected with participation in Challenge Walk, whether specifically listed in this Waiver or not. I voluntarily elect to participate in the Walk A Mile in Her Shoes Walk, knowing that my participation involves these risks. My voluntary participation and waiver also acknowledge any additional risks occasioned by any inherent or previously existing physical limitations that I or my dependent may have, whether known to me or not.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not to Sue

In consideration for being permitted to participate in Walk A Mile in Her Shoes Walk, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or my dependent), or any loss or damage to property owned by me (or my dependent), as a result of participating in Life After Advocacy Group, Inc. Walk.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE** the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my dependent), or to any property belonging to me (or my dependent) while participating in Life After Advocacy Group, Inc., Walk including, but not limited to, any claim that the act or omission complained of **was caused in whole or in part by the negligence or carelessness of the Releasees.**

Acknowledgment and Compliance with Rules

I agree to observe all rules and safety procedures that accompany the Walk A Mile in Her Shoes Walk and to abide by any decision of an Event official relative to my (or my dependent's) ability to safely participate in the Event. I agree to exhibit appropriate behavior at all times and to obey all laws. Life After Advocacy Group, Inc. and Event officials may dismiss me (or my dependent) without refund should my (or my dependent's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

Contagious or Infectious Disease Acknowledgement

I hereby acknowledge and understand my participation includes the possible exposure to and illness from contagious or infectious diseases, such as the 2019 novel coronavirus ("COVID-19"). I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand that the Life After Advocacy Group, Inc., cannot guarantee that I will not become infected with a contagious or infectious disease and that being at this event may increase my risk of contracting such disease or illness.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Life After Advocacy Group, Inc., guidelines and recommendations to maintain the health and safety of event attendees. I will not participate in the walk if I am sick or if I have knowingly been exposed to someone with symptoms of an infectious or contagious disease. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Life After Advocacy Group, Inc., as a condition to volunteer at the event.

Severability

I agree that if any portion of this Waiver is deemed to be invalid, the remainder of the Waiver will still be binding and enforceable.

Photography and Website Release

I hereby grant full permission to Life After Advocacy Group, Inc., to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this Event, including all the Life After Advocacy Group, Inc.,

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sponsored pre and post Event activities, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of LAAG, Inc. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Walk A Mile in Her Shoes Walk I may take or capture to Life After Advocacy Group, Inc.

I grant permission for Life After Advocacy Group, Inc., to publish and recognize my participation in the Walk A Mile in Her Shoes Walk on its website. I have reviewed and consented to the Life After Advocacy Group, Inc., Online Privacy Policy found at www.lifeafterag.org.

I acknowledge and represent that I have carefully read and understand all terms of this Walk A Mile in Her Shoes Walk Release and Waiver of Liability.

Full Name: _____

Signature: _____

Date: _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____

Emergency Contact Relationship: _____

COMPLETE BELOW SECTION IF YOU ARE A PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am, in fact, the parent or legal guardian of the below-named participant and am legally authorized to sign on the participant's behalf. I hereby give my approval to this individual's participation in the Walk A Mile in Her Shoes Walk. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my dependent and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my dependent's participation in the Walk A Mile in Her Shoes Walk. I consent to the foregoing and grant permission for my dependent to participate in the Walk a Mile in Her Shoes Walk. I attest that my dependent, the below-named participant, is a minimum of twelve (12) years of age as of the date of Walk A Mile in Her Shoes Walk. I attest that if my dependent, the below-named participant, is under fourteen (14) years of age as of the date of the Event, he or she will be accompanied by an adult eighteen (18) years of age or older throughout his or her participation in the event.

I acknowledge I have carefully read, accept, and agree to the terms of this Waiver, and know and understand its contents and I sign the same on my own free act and deed.

Dependent's Full Name: _____

Parent/Guardian's Full Name: _____

Parent/Guardian's Signature: _____ **Date:** _____