



WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

Training Walk Leader Name: _____

Date: _____ Location: _____

I wish to participate in today's group training exercise (the "Training Walk") organized as preparation for the Out of the Darkness Overnight, benefiting the American Foundation for Suicide Prevention. I understand that during the Training Walk I will be using public streets and other public and private facilities where hazards may exist. I voluntarily agree to accept all risks associated with the Training Walk including falls, effects of weather, and traffic accidents that may result in serious injury or death.

In consideration for my being permitted to participate in this Training Walk, I for myself and anyone entitled to act on my behalf, waive and release, in advance, any and all claims for injuries and damages I may have against the Out of the Darkness Overnight, the American Foundation for Suicide Prevention, OP3, Inc., all sponsors, hosting communities and all persons employed by or acting on their behalf which may hereafter accrue to me as a result of my participation in this Training Walk even though liability may arise from negligence on the part of the persons or entities being released or because of their possible liability without fault.

I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I understand the organizers of this walk are relying on my assurance to them that I am physically capable of completing these events.

If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in these events. If injured, I consent to receive emergency medical treatment.

I have carefully read this Waiver and Release and fully understand its contents. By signing below, I agree to all of its terms and conditions, and also agree to abide by the state vehicle code and the staff's and/or Training Walk leader's instructions. Signature of accompanying parent or guardian is required if the participant is under 18 years of age.

This is a legal document. Please carefully read the text before signing below. Contact coaches@theovernight.org with any questions regarding this document. Please return all completed forms via mail/fax/email.



WAIVER OF NEGLIGENCE AND COMPLETE RELEASE OF LIABILITY

Print Name	Signature	Phone Number	Email Address	Registered?
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