

Bill Cawley Memorial Walk

Benicia Parkinson's Support Group

Waiver of Liability

I, the undersigned assume full and complete responsibility for any injury or accident, which involves me during my participation in the Bill Cawley Parkinson's Memorial Walk or while I am on the premises of the event.

I hereby release and hold harmless the Benicia Parkinson's Support Group, PANC, the City of Benicia, the sponsors, promoters and all other persons and entities associated with the event or their agents or employees, or otherwise.

I will not enter and participate unless physically able. I assume the risk associated with this event, including but not limited to falls, contact with participants, the effects of weather including high heat and/or humidity, and the conditions of the walking course, all such risks being known and appreciated by me.

In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

I have read the foregoing and certify my agreement.

Signature: _____

Parent's/Guardian's Signature (if minor): _____

Date: _____