



## 2024 Waiver of Liability – Volunteers and Participants

**ASSUMPTION OF RISK:** My participation in the Stomp Out Suicide event (the “Event”) is voluntary. I am participating in the Event with the express understanding and appreciation that the Event includes inherent risks and dangers that could result in property loss or damage, personal injury, or even death. I have had the opportunity to ask questions about the risks involved and how to avoid them. Notwithstanding, I agree that I am solely responsible for property, my health, and my safety, and I affirm that, to the best of my knowledge, I am in good physical health and have no medical conditions or concerns that would limit my ability to participate. Further, I acknowledge that my execution of this Waiver is a prerequisite to participating in the activity but that it is my choice, made freely and voluntarily, to sign this legally binding document.

By indicating my agreement to this Waiver via the event registration form, I acknowledge that I fully understand its terms, that I am of legal age and that I AM VOLUNTARILY ASSUMING FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me. I specifically understand the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending this event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and event participants and their families. It is my express intention that this Waiver bind me, my family, my heirs, and/or my assignees.

In consideration for participating in the Event, I hereby RELEASE, WAIVE AND DISCHARGE Canvas Health, Inc.; HSI-Crisis Connection, LLC; or any of their owners, officers, directors, members, agents, employees, or affiliates from any and all claims, demands, or actions for any injury, damage, loss, cost, or expense arising from my participation in, or my minor child’s participation in, the Event, including its pre-event or post-event activities.

**PHOTOGRAPHY:** By registering for the Event, I hereby consent that Canvas Health may videotape, interview, film, or photograph me, or my child if I am signing on behalf of a minor, to illustrate the activities of Canvas Health, Inc. I also grant Canvas Health or its designee permission to use and/or publish said video, interview, film, or photograph and further waive any right I may have to inspect and/or approve the finished product prior to publication. This includes videos, interviews, film, or photographs that I submit to Canvas Health. Further, I agree that I shall receive no compensation of any kind for the use of my words or likeness. I discharge Canvas Health from any and all claims which may arise from use of any video, interview, film, and/or photograph.

*Agreement to this waiver will be electronically recorded at the time of your registration.*