

Bryson Line Walk Waiver and Release



The Bryson Line Walk is an event (the “BLW”) in which individuals may participate to fundraise on behalf of the Bryson Line Fund and other charities they may decide to support.

In consideration for my participation in the BLW, I, _____, assume full and complete responsibility for any injury or accident which may occur during my participation in the BLW, and hereby release and hold the BLW, and all persons, volunteers, employees and entities associated with the BLW, harmless from any and all claims, losses, injuries, liabilities or damages that I have or may have, now or in the future, based upon any acts or omissions, relating to, arising out of, or in connection with the BLW, whether such damages are caused by myself or others. I understand and agree that this is binding on my heirs, assigns and legal representatives.

I understand that I am making a commitment to fundraise or donate to the BLW a suggested minimum of £20.00 in order to participate the BLW’s annual walk on June 8th 2019 from Hanborough to Oxford.

Details are available at www.thebrysonline.com.

I am voluntarily participating in the BLW. I understand that while participating in the BLW or in training programs and related activities, I will be using public areas where hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during the BLW or in training for the BLW that could result in serious injury or death. I am voluntarily participating in the BLW with knowledge of all such risks. I acknowledge that I am solely responsible for my personal health and safety. I agree to abide by rules and regulations established by BLW organizers, and all other applicable governmental rules and regulations.

I agree not to enter or otherwise participate in the BLW unless I am medically able. If I am aware of or under treatment for any physical illness, my medical care provider has approved my participation in the BLW. I will maintain personal health insurance while participating in the BLW. I consent to treatment during the BLW if there is an incident in which I require medical care, and grant them access to my medical records and other information needed to administer medical care.

I understand that my name, photograph, voice, image or likeness may be used for promotional or other purposes by the BLW, its beneficiaries, agencies, licensees, affiliates and/or employees. I consent to and grant permission in advance of such use, and waive all rights of privacy or publicity I have in connection therewith for any purpose in

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perpetuity. I understand that I will not benefit financially or receive any remuneration from any use thereof. I understand that the BLW will implement any measures required to maintain compliance with the General Data Protection Regulations (the “GDPR”) when it comes into force, and that the BLW and all associated entities or individuals hereby agree to comply with the measures set by the GDPR or the Data Protection Act 1998, as applicable, and these terms shall be deemed incorporated into this Waiver and Release.

I understand that I will cover all the costs of food and accommodation during my participation in the BLW. I understand that I must return this signed Waiver and Release to hello@thebrysonline.com on or before the date of you will first walk in order to participate.

I have carefully read this entire Waiver and Release and fully understand its contents. I understand that this Waiver and Release may not be modified orally or in writing. I hereby, for myself and anyone entitled to act on my behalf, waive and release the BLW, its beneficiaries, licensees, affiliates, employees, agencies, departments and officials, from any and all claims for monetary damages or other relief relating to the BLW.

Signature

Date

Print name

Contact number / email address