



STROLLER MATES RELEASE FORM

MEMBERSHIP # _____

YOUR NAME: _____ AGE: _____ SEX: _____

CHILD'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

TELEPHONE: _____

I agree and fully indemnify and save harmless, Oxford Properties Group Inc. (OPGI), Upper Canada Mall Administration, its owners, employees and its merchants, from and against any losses, claims, actions, damages, liabilities and expenses (including legal fees) in connection with personal injury, loss of life, or damage to property as the result of or arising from or out of my participation in a walking program and Upper Canada Mall.

I agree to have my name added to a list of participants, which will be kept at Guest Services. This would enable us to provide further information that may be of interest to you, for example, special events or functions you may be interested in.

SIGNATURE OF MEMBER

DATE

WITNESS

DATE

"Stroller Mates" Walking Club is sponsored by Upper Canada Mall.