

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND  
INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.  
PLEASE READ CAREFULLY!**

In consideration for allowing me to participate in any or all events and related activities of The Canadian Adventure Racing Association and PENINSULA ADVENTURE SPORTS ASSOCIATION. I hereby warrant and agree that:

1. I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity particularly those involving **RUNNING ON TOWN ROADS, RUNNING IN TRAFFIC**, and like activities offered as part of the programme of The Canadian Adventure Racing Association and PENINSULA ADVENTURE SPORTS ASSOCIATION.
2. I have satisfied myself, and believe, that I am physically, emotionally and mentally able to participate in this programme, and that my equipment, if applicable, is appropriate for use in this programme; and
3. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me; and
4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness, or that of my equipment, or exceeded my comfort level, for continued participation in any event or related activity.

**I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. AN UNQUALIFIED ASSUMPTION BY ME OF ALL RISKS associated with my participation in the any or all of the events and activities of The Canadian Adventure Racing Association and PENINSULA ADVENTURE SPORTS ASSOCIATION even if arising from the negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of BLUEWATER DISTRICT SCHOOL BOARD, PENINSULA SHORES DISTRICT SCHOOL, TOWN OF SOUTH BRUCE PENINSULA, NORTHERN CONFECTIONS, WIARTON FOODLAND, RUNNERS DEN, any event organizer, event venue and any and all persons associated therewith or participating therein in any capacity; or in transportation to and from such events and activities, and

2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may in the future have, against the BLUEWATER DISTRICT SCHOOL BOARD, PENINSULA SHORES DISTRICT SCHOOL, TOWN OF SOUTH BRUCE PENINSULA, NORTHERN CONFECTIONS, WIARTON FOODLAND, RUNNERS DEN, WIARTON FITNESS CENTRE, SUNTRAIL, WIARTON WILLIE FESTIVAL, all associated sponsors and partners, and their respective directors, officers, employees, coaches, leaders, contractors, agents and representatives, advertisers, volunteers, others participating in any capacity, (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my use of or my presence at event facilities, or my participation in any part of, or presence at, any or all of the events and related activities of the Releasees due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT *OCCUPIERS LIABILITY ACT* ON THE PART OF THE RELEASEES.

3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly, from my participation in any aspect of the said events and related activities; and

4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise.

5. an agreement that this document be governed by the laws, and in the courts of the Province of ONTARIO.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH I AND MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

**I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT this \_\_\_\_\_ day of \_\_\_\_\_, 2019... at \_\_\_\_\_, ON, Canada.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of Witness

**PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT**

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above. *I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



# IMAGE RELEASE FORM:

**BIB#** \_\_\_\_\_

The undersigned, in consideration of my participation in the Groundhog Jog does hereby grant the organizers (Peninsula Adventure Sports Association) and any of its sponsors and partners, all right, title and interest in and to any videotape, photographs, film or other reproduction of my image in any format, captured in connection with my participation in this event for use in connection with broadcasting, advertising, exhibitions, websites, promotions, training materials or otherwise.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Or if the participant is a minor, Signature of Parent/Guardian, Name of minor (print):**

Name of Minor (print): \_\_\_\_\_

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL INFO:

Do you have any allergies (including allergies to any medications)? If so, please specify:

Do you take any prescription medication? If so, please specify medication and condition:

Do you have any medical conditions that should be known in an emergency? Please specify:



# EMERGENCY CONTACT:

**NAME** of contact person *who can be reached*: \_\_\_\_\_

PHONE NUMBER of the person above: (            )            -