Bike the Creek Waiver Form

Participants Waiver & Release of Liability Agreement, Medical Treatment Authorization and Photographic Release

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

As a Participant in the Bike the Creek Event on June 24, 2017, I _____
(print first and last name)
agree, acknowledge and understand that while health and safety of the Participants and staff are always the first priority for The Corporation of the City of Brampton, The Regional Municipality of Peel, The Toronto and Region Conservation Authority, the Living City Foundation, the Town of Caledon, Credit Valley Conservation and Bike Brampton ('the **Organizers**'), activities such as this Event are not totally without risk.

ASSUMPTION OF RISK

I agree, acknowledge and understand that participation in the Bike the Creek event ('the Event') may bring the possibility of injury;
I agree to assume the risk of injury or harm as a Participant in the Event and agree that my participation is at my own discretion or judgement based on my experience, training and competency level;

WAIVER, RELEASE OF LIABILITY AND INDEMNITY

I agree to release the Organizers their directors, officers, appointed and elected officials, employees, agents, servants, contractors, sanctioning bodies and all persons for whom they are responsible at law from all liability, whether direct or indirect, and waive all claims, demands, damages, costs, expenses, actions or causes of actions arising out of or in consequence of any death, injury, loss or damage to my person or property or that of my child or ward, however caused, while participating in the Event; including but not limited to, breach of the Occupier's Liability Act;

MEDICAL TREATMENT

I consent (if unable to provide it or deny it myself) as the Participant or for my child or ward in the event of injury or illness while participating to receive first aid and/or any further medical attention that potentially may be determined or deemed necessary by, and at the discretion of the Organizers, emergency medical services or licensed medical professionals, and agree to pay for all expenses incurred by the Organizers in the provision of such medical care;

PHOTOGRAPHIC RELEASE

I agree to grant permission for images of the Participant or my child or ward captured during the Event through video, photo and digital camera, to be used solely for the purposes of the Organizers' promotional material and publications, and do hereby waive any rights of compensation or ownership;

I am the full age of 18 years, and I have read and understand the WAIVER AND RELEASE OF LIABILITY AGREEMENT I am signing. I am executing this waiver and release of liability agreement freely and without any compulsion on the part of the Organizers. Intending to be legally bound, I have signed this WAIVER AND RELEASE OF LIABILITY AGREEMENT this _____ day of _____ 2017.

BY SIGNING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREE TO THE ABOVE CONDITIONS, WAIVER AND RELEASE.

_____ _____ _____
Print your name | Participant Signature | Date

_____ _____
Address | Phone

_____ _____
Emergency Contact | Phone

_____ _____ _____
Witness, print your name | Signature of Witness | Date

OR if participant(s) are under 18

_____ _____ _____ _____
List names of participant(s) under 18

I, the parent or legal guardian of the Participant, have read, been informed of, and understand all of the contents of this document, and accept all of the terms and conditions in this document as they apply to the Participant, and agree that I and the Participant shall be bound by it.

Signature of Parent or Legal Guardian: _____ Date Signed:_____

Print Name of Parent or Legal Guardian: _____