



## 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 23, 2018, 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, Regional Municipality of Peel, Toronto and Region Conservation Authority, Living City Foundation, Town of Caledon, Credit Valley Conservation, Ontario Heritage Trust, Peel Memorial Centre for Integrated Health and Wellness, Peel Art Gallery Museum + Archives 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 \_\_\_\_\_ 2018.

**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: \_\_\_\_\_