

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

The City of Grande Prairie and the Grande Prairie Get Active Network's Amazing Race Event. Date of Event: June 15th, 2016

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS EVENT. Risks include and are not limited to:

- i) negligence or carelessness on my part;
- ii) use of equipment related to the event;
- iii) liability without fault;
- iv) personal injury, disability, death, property damage or loss _____
Initial

I certify that I am physically fit, have sufficiently prepared or trained for participation in the event and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this event. _____
Initial

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Event Organizers and sponsors and that it will govern my actions and responsibilities during the Amazing Race event. In consideration of my application to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the persons released, for my death, disability, personal injury, property damage or loss, or actions of any kind which may occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The City of Grande Prairie, the Grande Prairie Get Active Network, and their directors, officers, employees, volunteers, representatives, and agents, the activity organizers, sponsors, or volunteers. _____

Initial

(B) I INDEMNIFY and HOLD HARMLESS, the persons mentioned above from any and all liabilities or claims made as a result of my participation in this event regardless of the cause.. I acknowledge that The City of Grande Prairie and the Grande Prairie Get Active Network and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any person conducting this event on behalf of the parties. _____

Initial

I understand that this event may involve a test of my physical and mental limits and may carry with it the potential for death, injury, property loss. The risks may include and are not limited to:

- i) those caused by terrain, facilities, temperature, weather,
- ii) condition of participants, equipment, vehicular traffic,
- iii) actions of other persons including and not limited to other participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event
- v) lack of sufficient hydration. _____

Initial

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event. _____

Initial

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. _____

Initial

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Signature

Date

Print Witness Name

Signature

Date

Must be signed by parent or legal guardian if participant is under the age of 18 on the date this release is signed.

Parent or Legal Guardian Signature _____

Age (if participant is a minor) ____ Date: _____