



EVENT WAIVER AND RELEASE AGREEMENT

EVENT: Peachland Glow Run - 5K Run & 3K Walk/Run

DATE of Event: ____/____/20__ (dd/mm/20yy)

Note: by signing this waiver you give up the right to sue

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

The District of Peachland Recreation Department’s purpose is to provide a variety of opportunities and programs. This particular event is challenging and, like many activities, participants can be accidentally injured without fault. Running or walking, in variable light, on roads open to vehicular traffic under uncertain conditions could cause injuries including (but not limited to) slips and falls; twisted ankles, twisted knees or other soft tissue or skeletal damages; cuts or scrapes; head injuries; broken bones; over exertion illnesses including heat stroke, heart attack, stroke, and dehydration; exposure to changeable weather conditions; overtaxing the immune system; or incidents involving vehicles, animals, or other persons.

In consideration of THE DISTRICT OF PEACHLAND allowing me to participate in the event and its related activities, the undersigned agrees as follows:

1. I _____ (name) ACKNOWLEDGE that the risk of injuries involved in the Event is significant, including permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me still exists;
2. I KNOWINGLY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, DANGERS AND HAZARDS, KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE DISTRICT OF PEACHLAND, it’s elected officials, employees, agents, representatives, officials, officers, contractors, volunteers and other participants, sanctioned events, parks and organizations, and any owners and lessors of premises used to conduct the Event (all of whom are collectively referred to as the “RELEASEES”) and I assume full responsibility for my participation;
3. I WAIVE ANY AND ALL CLAIMS that I may have against the RELEASEES;
4. I RELEASE the RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE or INJURY that I or my next of kin may suffer or incur as a result of my participation in the Events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law;
5. THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns; and
6. I AGREE to comply with the stated and customary terms and conditions for participation. If I have any concerns about my readiness for participation in the Events or the Events themselves, I will remove myself from participation in them and bring such concerns to the attention of the nearest official immediately.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AGREEMENT PRIOR TO SIGNING IT AND FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT BY SIGNING IT I AM EFFECTING THE LEGAL RIGHTS OF MYSELF, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE BEEN TRAINED FOR THIS ACTIVITY. I WANT TO PARTICIPATE!

Participant Signature

Witness Signature

Date

Date



MEDICAL RELEASE

EVENT: Peachland Glow Run - 5K Run & 3K Walk/Run

DATE of Event: ____/____/20____ (dd/mm/20yy)

In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia for my child/myself (**circle one**) as named above. My child is/I am (**circle one**) allergic to the following medications: _____.

Doctor to notify in case of emergency: _____

Participant: _____ Date of Birth: _____/_____/_____
(Month) (Day) (Year)

Address: _____ Apt: _____

City: _____ Province: _____

Phone Number: _____

Mobile Number: _____

Other: _____

IF PARTICIPANT IS **OVER** 19 YEARS OF AGE:

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

IF PARTICIPANT IS **UNDER** 19 YEARS OF AGE:

Parent or Guardian: _____
(print please)

Parent or Guardian's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____



PHOTO WAIVER

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PHOTO WAIVER:

I, _____ give my permission to have my picture taken by District of Peachland staff to use for promotions of recreation opportunities. I grant the District of Peachland permission to use my likeness in photograph(s)/videos and any and all publications and in any and all other media.

Participant Signature

Date