

# **WAIVER & RELEASE OF LIABILITY** **PLEASE READ CAREFULLY & SIGN**

In consideration of being allowed to participate in any way in the Municipality of Crowsnest Pass Sole Survivor 2.5/5/10 KM Trail Race, events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential of permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE MUNICIPALITY OF CROWSNEST PASS or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE MUNICIPALITY OF CROWSNEST PASS their officers, the Sole Survivor Foot Race Society, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, and if applicable, owners, and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
5. I hereby grant the Municipality of Crowsnest Pass Sole Survivor 2.5/5/10 KM Trail Race members and its representative's permission to photograph and/or video tape and use any photograph or video for the purpose of promoting the Crowsnest Pass Sole Survivor 2.5/5/10 KM Trail Race. I waive any copyright, compensation and other personal rights I might have in my image, or video in perpetuity.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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***Parent/Guardian***  
**FOR PARTICIPANTS UNDER 18 AT TIME OF REGISTRATION**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_ Emergency Phone #(s): \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Witness