

19 WING COMOX PROGRAMS AND EVENTS - BIRTHDAY PARTIES
Waiver of Liability, Assumption of Risks, and Indemnification Agreement



PARTICIPANT INFORMATION

First & Last Name: _____ **DOB (MMM-DD-YY):** _____

Email Address: _____

Please check this box if you do not want to receive email updates related to our classes and programs.

Medical Conditions, Allergies, Sensitivities & additional information: _____

Emergency Contact Name & Relation: _____ **Phone:** _____

Waiver of Liability, Assumption of Risks, and Indemnification

Assumption of Risks:

a. I acknowledge that my attendance at or participation in this physical activity or event: Use of the sports, recreation, aquatic and fitness facilities (such as gymnasium, pool, track, sports field, parks, skateboard park, playground and garden) 19 Wing Comox, Lazo, BC carries with it certain inherent risks and dangers that can not be eliminated regardless of the care taken to avoid injuries.

b. I acknowledge that the inherent risks associated with this activity/event include, but are not limited to: Being struck by an object or hit an object (Equipment, participant, natural object etc.), physical exertion up to heart attack, slip and fall, sunburn, dehydration, hyperthermia or hypothermia, drowning (if includes aquatic activities), broken bone, sprain, cut, burn and abrasion, head injury, encounter with domestic or wild animal, and, serious bodily injury such as permanent disability, paralysis or death. _____ (initials)

c. I have read the foregoing and I understand the physical demands this activity/event presents and the inherent risks associated thereto and affirm that to the best of my knowledge, my physical condition (or that of my minor participant) is adequate for me (or my minor participant) to participate safely. My participation (or that of my minor) in or attendance at this activity/event is voluntary and by signing below I knowingly and completely assume the foregoing risks.

Waiver of Liability:

In consideration of my participation in or attendance at this activity or event, I, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do **hereby waive, release and forever discharge** His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.

Indemnification and Hold Harmless

I also hereby **agree to indemnify and save harmless** His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.

Acknowledgment and Understanding

I acknowledge having read this assumption of risks, waiver of liability and indemnity agreement, including the description of the inherent risks associated with the activity or event and understand that this Agreement is intended to be broad and all-inclusive so as to preclude any claims and that I have the legal capacity to sign, or if I am a minor, have discussed fully with my parent or guardian.

Participant Name		Participant Signature	
Parent/Guardian signature		Witness (or Staff)	
Date	<i>*If participant is a minor, parent/guardian signature is required</i>		