



# Event Waiver

## Fraser Valley Health Care Foundation Waiver Form

Please fill out the below waiver form fully before arriving at event and give to registration

Participant name (first and last): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### For participants under legal age (19 and under)

Name of parent /guardian: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_

### MUST BE AGREED TO BY EACH PARTICIPANT

In consideration of Fraser Valley Health Care Foundation (the Foundation), accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against Fraser Valley Health Care Foundation holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me at this event, or damage sustained by me as a result of this event, for any cause whatsoever including negligence.

I understand that this event will be photographed and videotaped and hereby give the Foundation rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: epilepsy, heart conditions, etc.) should check with his/her physician before participating in the event. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during the event.

I have read the above waiver in full understanding.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_