



Race # _____
(Office use only)

19+ EVENT WAIVER AND RELEASE AGREEMENT

EVENT: Glow Run

DATE of Event: _____

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES INCLUDING YOUR RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

PLEASE READ CAREFULLY BEFORE SIGNING.

TO: THE DISTRICT OF PEACHLAND

I wish to participate in the Glow Run and acknowledge that in order to do so, I must agree to be bound by this release of Liability, Waiver and Assumption of Risk. I accept full responsibility and agree to participate in the Glow Run at my own risk, and I understand and acknowledge the risks and hazards of the Glow Run as follows:

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.

I hereby waive any and all claims that I may now and in the future have against, and release from all liability and agree not to sue the District of Peachland and their respective agents, officers, employees, volunteers or representatives (the "Released Parties") for any loss, damage, personal or bodily injury, death sustained or suffered by me as a result of my participation in the Glow Run due to any cause whatsoever, including without limitation, negligence, fault or breach of statutory duty, including duties arising from *Occupiers Liability Act*.

In no event will the District of Peachland be liable for any loss, damage, personal or bodily injury or death nor for any loss of or damage (including indirect or consequential damages) that I suffer whether attributable or to arising out of my participation in the Glow Run or by reason of any matter or thing done or permitted.

I acknowledge that it is my responsibility to advise the District of Peachland of any medical conditions that may affect my participation in the above program.

In the event that I require medical attention, I consent to being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Permission is hereby Granted or Denied (please check appropriate box) for the District of Peachland and/or its Community Partners to take and use my photograph for promotions and records.

I confirm that I am the age of majority (19 years of age or older) and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me (as participant), my heirs, executors and administrators.

Participant Signature

Date

Participant Name (please print)