



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY!

Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Telephone: _____

ASSUMPTION OF RISKS:

I AM AWARE THAT THERE IS POTENTIAL RISK FOR PERSONAL INJURY INVOLVED IN PARTICIPATION IN ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to: **bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions, hypothermia, drowning** and the possibility of **personal injury, death, property loss**, resulting from my participation in this Recreation Integration Victoria/ Disabled Sailing Association of BC, Victoria Branch activity.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of approval to participate in Recreation Integration Victoria's/DSABC, Victoria's _____ activity, I hereby agree as follows:

Initial **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against Recreation Integration Victoria, its directors, officers, employees, volunteers, representatives, other participants and partner organizations: **Victoria Integration Society; Recreation Integration Victoria; the Disabled Sailing Association of BC; the Sam Sullivan Disability Foundation; the Canadian Forces Sailing Association, Esquimalt Squadron; Canadian Forces Base, Esquimalt; the University of Victoria; the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; the Queen Alexandra Centre for Children's Health; Island Health Authority; Community Living British Columbia, the Ministry of Children and Family Development; School Districts #61, #62, and #63** all of whom are hereinafter collectively referred to as "**The Releasees**";

Initial **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I suffer, or my next of kin may suffer as a result of my participation in this _____ activity due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE**. I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

Initial **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in this _____ activity.

Initial This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

Initial In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

SIGNED THIS _____ DAY OF _____ 20 _____

Participant's Name: _____ (Please Print Name Clearly)

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS SIGNATURE (MANDATORY): _____

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or a REPRESENTATION AGREEMENT IN PLACE? YES _____ INITIALS _____

MEDICAL INFORMATION & RELEASE

In the case of an unforeseen medical emergency, Recreation Integration Victoria (Integrated Recreation Services/the Victoria Integration Society) / the Disabled Sailing Association of B.C., Victoria Branch needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or a visit to the nearest medical facility.

Carefully fill out the following information ensuring it is current and accurate (print legibly please):

PARTICIPANT'S / VOLUNTEER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ WORK: _____

DATE OF BIRTH: _____ WEIGHT: _____

B.C. CARE CARD: Personal Health #: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

IN CASE OF EMERGENCY:

1. NAME: _____ PHONE: _____

RELATIONSHIP: _____

2. NAME: _____ PHONE: _____

RELATIONSHIP: _____

NATURE OF DISABILITY / MEDICAL / HEALTH CONCERNS (PLEASE DESCRIBE):

MEDICATIONS AND/OR ALLERGIES: (PLEASE INDICATE TIME FOR MEDICATION):

FIRST AID OR PERSONAL CARE INSTRUCTIONS: _____

MEDICAL RELEASE

I grant permission to Recreation Integration Victoria/the Victoria Integration Society/the Disabled Sailing Association of B.C. and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself (or my child/ward). I am releasing the right for this information to be shared with volunteers, recreation staff, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the program.

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS (MANDATORY): _____

SIGNATURE OF PARENT/GUARDIAN: _____

(If participant is under 19 years of age, or if parent/guardian has legal committee ship or representation agreement is in place)

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or REPRESENTATION AGREEMENT IN PLACE?

Yes _____ Initials _____

PHOTOGRAPH RELEASE

Recreation Integration Victoria and their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education.

I, _____ give my permission for photographs/videos to be taken of myself / my child/ward _____ and for these photographs/videos to be used for promotional/training/education reasons.

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS (MANDATORY): _____

SIGNATURE OF PARENT/GUARDIAN: _____

(If participant is under 19 years of age, or parent/guardian has Legal Committee ship or a Representation Agreement is in place).