

CANADA, ON YOUR MARK PARTICIPATION WAIVER

PARTICIPANT INFORMATION

(Note: All fields must be clearly filled in – Unreadable forms will be rejected and participant will be denied access to the camp)

NAME: _____ MALE: ☐ FEMALE: ☐

ADDRESS: _____ APARTMENT NUMBER _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____ D.O.B. (YY/MM/DD): _____

IF UNDER 18 YEARS OF AGE,
PARENT/GUARDIAN NAME: _____

Part A – WAIVER FROM LIABILITY

The undersigned expressly acknowledges that he/she is attending programs and using any facilities or equipment at his/her own risk. CANADA, ON YOUR MARK INC. and its officers, directors, employees, volunteers, agents, and servants accept no responsibility and shall not be liable for, any injury, illness, death, damage, loss, accident, expense, delay or other irregularity resulting from the undersigned's participation in any activity or use of any of the facilities. In consideration for being permitted to enter the facility, the undersigned assumes full responsibility for all injuries and damages which occur on or off the premises during camp hours. The undersigned hereby full and forever releases, discharges and holds harmless CANADA, ON YOUR MARK INC. and its officers, directors, employees, agents, and servants from any and all claims, demands, damages, actions, whether present or in the future, resulting from the undersigned's participation in any programs or use of the facility. The undersigned agrees to follow the Code of Conduct as instructed by CANADA, ON YOUR MARK INC. The undersigned hereby authorizes CANADA, ON YOUR MARK INC. to utilize the undersigned's name, and/or photographic or verbal representation by any media format (i.e. videotaping, audio taping, photographs, etc...) in the promotions of the programs of CANADA, ON YOUR MARK INC.

Part B – DECLARATION OF PARENT OR GUARDIAN

I consent to my child named above to participate in activities of CANADA, ON YOUR MARK INC and **I assume all risks** arising from or in ANY way related to such participation. I therefore agree to waive any and all claims against, to indemnify and hold harmless CANADA, ON YOUR MARK INC. and its officers, directors, employees, agents, and servants from any and all claims, demands, damages, actions, whether present or in the future, made by or on the behalf of my child. I certify that my child is in good physical and mental health. In case of a medical emergency, I hereby grant authority to the staff at CANADA, ON YOUR MARK INC. to render a judgment concerning medical assistance or hospital care for my child during my absence. I acknowledge reading this Declaration and Part A, understand the conditions contained herein and agree to abide by all the terms.

PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(IF REQUIRED)