



# Warriors of Hope Practice and Event Waiver and Release

In consideration of receiving permission to participate in the Warriors of Hope practice sessions offered by the Warriors of Hope event organizers, I, for myself and my heirs, executors, successors and assigns hereby Release, Waive, and Forever Discharge the North Bay Canoe Club, The Warriors of Hope, The City of North Bay, the Department of National Defense, and all their respective directors, members, trustees, agents, representatives, officers, sponsors, licensors, associations, sanctioning bodies, servants, employees, contractors, successors, coaches, instructors, volunteers and assigns of and from all claims, demands, damages, costs, expenses, actions, and causes of actions, whether in law or equity, in respect to death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event and/or practice sessions, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event or practice session, and notwithstanding that same may have contributed to, or occasioned by, the negligence of any of the aforesaid. I indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in said event and/or practice session.

I and my next of kin are duly aware of the risks and hazards inherent in both the sport of dragon boat racing and entering the premises used for the purpose of launching, docking and storing equipment used in the sport of dragon boat racing, and specifically in participating in the Warriors of Hope practice sessions and I acknowledge that conditions may be hazardous and dangerous and that obstructions may exist, and that high winds may cause rough water, and that I hereby give notice that I am a competent swimmer and that I voluntarily assume all risks of loss, damage, or injury, including death, that may be sustained by me or to any property in connection with my participation in the event and/or practice sessions.

By submitting this form, I acknowledge having read and, understood and agreed on the above Waiver, Release and Indemnity and I warrant that I am physically fit to participate in the event and/or practice sessions. Further, I hereby grant full permission to any and all of the aforesaid to use any photograph, videotape, motion picture, recording or any record of the event for legitimate purpose.

<i>Name</i>	<i>Date of Birth</i>	<i>Signature</i>	<i>Date Signed</i>	<i>Witness Initials</i>