

Town of Cochrane

ADULT WAIVER FORM

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN RIGHTS INCLUDING THE RIGHT TO SUE. NO ONE MAY PARTICIPATE IN THE TOWN OF COCHRANE RECREATION PROGRAMS WITHOUT SIGNING THIS WAIVER.

Name of Participant: _____

Address: _____

Program: _____

Date: _____

In consideration of being permitted to participate in the program specified above, including if applicable travel associated with the program by vehicle or any other means (collectively, the "Program"), I acknowledge and agree that:

1. There are risks of personal injury (including, without limitation, skin abrasions, nerve, bone, muscle, spinal cord, neck and brain damage, pain, or paralysis), death or property damage inherent in the Program, and I freely accept all of these risks howsoever caused, including negligence on the part of any person involved in the Program, and participation in the Program shall be at my own risk.
2. I, for myself, my heirs, executors, administrators and assignees hereby release the Town of Cochrane, its Councillors, officers, employees, volunteers, agents, and anyone else acting on behalf of the Town of Cochrane (collectively, the "Town") from any claims, demands, damages, actions, or causes of actions arising out of or in consequence of any loss, injury, or damage to any person or property incurred while participating in the Program howsoever caused, notwithstanding if the loss, injury or damage is caused by reason of negligence of the Town, and I agree to indemnify and save harmless the Town from any claim made as a consequence of my participation in the Program.
3. I state that I am in proper condition to participate in the Program, and have no conditions which may interfere with my ability to safely participate in the Program.
4. The Town may secure such emergency medical services as may be necessary for my health and I shall be financially responsible for such emergency services.
5. I agree to comply with any rules, regulations and instructions issued by the Town in respect of the Program. I acknowledge that failure to do so may result in removal from the Program without reimbursement.
6. I may be photographed, video recorded or recorded while participating in the Program. I grant to the Town the irrevocable right to use and publish such photographs, video recordings or audio recordings in all forms including publication on websites, in promotional materials and for any other purposes deemed appropriate by the Town, without inspection or notice.

Witness Signature

Signature

Print Name