

**Date Signed:** 









## **Bike the Creek Event**

## Participants Waiver & Release of Liability Agreement, Medical Treatment Authorization and Photographic Release

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

As a Participant in the BIKE the Cree	k Event on June 22, 2019, I	Hact name)	
City of Brampton, the Town of Cale	hat while health and safety of the Partici don, the City of Mississauga, Region of F ities such as this Event are not totally with	eel, Toronto and Region Conservation	
	that participation in the Bike the Creek ever harm as a Participant in the Event and a etency level;		
and all persons for whom they are reexpenses, actions or causes of action	directors, officers, appointed and elected esponsible at law from all liability, wheth a arising out of or in consequence of any participating in the Event; including but it	ner direct or indirect, and waive death, injury, loss or damage to	all claims, demands, damages, costs, my person or property or that of my
receive first aid and/or any further	leny it myself) as the Participant or for medical attention that potentially may be rices or licensed medical professionals, a	e determined or deemed necess	sary by, and at the discretion of the
	s of the Participant or my child or ward ca e Organizers' and Sponsor's promotion		
executing this waiver and release of	nave read and understand the WAIVER A liability agreement freely and without an ND RELEASE OF LIABILITY AGREE	ny compulsion on the part of the	Organizers. Intending to be legally
BY SIGNING THIS FORM, I A CONDITIONS, WAIVER AND	CKNOWLEDGE HAVING READ, RELEASE.	UNDERSTOOD AND AGE	REE TO THE ABOVE
Print your name	Participant Signature	Date	
Address	Phone		
Emergency Contact	Phone		
Witness, print your name  (If participant is under 18)	Signature of Witness	Date	
I, the parent or legal guardian of the I			