

VOLUNTEER-SUPPORT TEAM WAIVER, RELEASE AND INDEMNIFICATION

MUSKOKA RIVER A		
I,		am a VOLUNTEER or SUPPORT TEAM MEMBER in the
	(Name)	HUNTSVILLE 110 paddling race, September 17-18, 2022
	sideration of the acceptance of my applicationtsville 110 I, hereby agree as following:	n and the permission to Volunteer or act as Support Team for a participant in
1.		dangers, and hazards associated with volunteering and the unique aspects of ume all such risks, dangers, and hazards and the possibility of personal ulting therefrom.
2.	FOREVER DISCHARGE River X Racing the Town of Huntsville, District of Muskok sanctioning bodies, event suppliers (service officials, successors and assigns, OF AND of action, whether in law or equity, in respectation, arising or to arise by reason of recommendations.)	rators, successors, and assigns HEREBY RELEASE, WAIVE, AND Inc. (race directors), the Huntsville/Lake of Bays Chamber of Commerce, ca, the OMCKRA, and all other associations, land owners, volunteers, es and equipment) and sponsoring companies, and elected and appointed FROM ALL claims, demands, damages, costs, expenses, actions and causes ect of death, injury, loss or damage to my person or property HOWSOEVER my participation in the said event, whether as spectator, participant, during or subsequent to the event, AND NOTWITHSTANDING that same d by the negligence of the aforesaid.
3.		HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the ility incurred by any or all of them arising as a result of, or in any way levent.
4.	by and interpreted solely in accordance wit	and obligations as between the parties to this Agreement shall be governed the the laws of the province of Ontario and no other jurisdiction; and, any ement shall be brought solely within the Province of Ontario and shall be arts of the Province of Ontario.
5.	pictures, recordings or any other record of	by and all of the foregoing to use any photography, video tapes, motion this event and my image for promotional purposes: Personal information on and results purposes only, and may not be shared with other companies or
6.	I hereby consent to receive medical treatme	ent in the event of my injury, accident and/or illness, during any event.
7.		been provided with an orientation to the risks associated with volunteering I share a role in ensuring my own safety and in mitigating these risk, by s event; and,
BY SIC	GNING THIS AGREEMENT I AM WAIVING C	OOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, REPRESENTATIVE MAY HAVE AGAINST THE RELEASEES.
I hereby consent that I am eighteen (18) years of age, or older, and I have read this document, and I UNDERSTAND AND AGREE TO THE CONTENTS. For volunteers under the age of 18 years of age, please ensure a parent or legal guardian also signs this consent.		
Signature:		

Signed this _______ day of __________, 2022