



# PARTICIPANT WAIVER & CONSENT

Program Name **KidzFest** Program Date: **Friday, November 2, 2018**

Participant Name ("Participant") \_\_\_\_\_  
Birth date: \_\_\_\_\_

First Middle Last (MM/DD/YYYY)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Province Postal Code Home | Cell (please circle)

*If the Participant is under 19, a Legal Guardian must complete the following:*

Legal Guardian ("Guardian") \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Middle Last (MM/DD/YYYY)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Province Postal Code Home | Cell (please circle)

**ATTENTION: PLEASE READ CAREFULLY BEFORE SIGNING AS YOUR LEGAL RIGHTS ARE AFFECTED.**

To: Billy Graham Evangelistic Association of Canada (hereinafter the "BGEAC"), its employees, officials, board of directors, officers, directors, volunteers, contractors, servants or representatives (hereinafter the "Released Parties").

**As a Participant, I fully understand and agree to the following:**

**Assumption of Risk:** In consideration of my participation in this Program, I acknowledge that this Program involves various risks, dangers and hazards which all participants are required to assume, including but not limited to:

- Muscular injuries and soft tissue injuries, broken bones, bruises, scrapes, cuts, sprains, dislocations, head, facial, eye or dental injuries, other injuries, death or illness

I hereby freely accept and fully assume as such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting from my participation.

**Consent to Medical Treatment:** In the event that a responsible adult does not identify themselves, I agree to hereby give permission to have the BGEAC and the Released Parties arrange for any emergency medical care including hospitalization and transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I agree to pay all costs associated with medical care and transportation. Personal information provided on this form will be made available to medical personnel if required.

**Release:** In consideration of being granted permission to participate in the above noted program I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the BGEAC and the Released Parties from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation.

**Indemnity:** In consideration of being granted permission to participate in the above noted program, I agree to hold harmless and indemnify the BGEAC and the Released Parties from any and all liability, loss, claims, demands, costs and expenses, including reasonable legal fees, due to any personal injury or property damage to any third party arising from my participation as a participant in the Program.

**Jurisdiction and Choice of Law:** I agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of the Province of Alberta and that the parties hereby adorn to the exclusive jurisdiction of the Alberta courts.

**Program Responsibilities:** The BGEAC provides the Program, however, children are required to be supervised by the adult who brought them.

I AM AWARE OF THE NATURE AND EFFECT OF THE PARTICIPANT WAIVER, ASSUMPTION OF RISK, CONSENT TO MEDICAL TREATMENT, RELEASE, INDEMNITY, PERSONAL INFORMATION AND JURISDICTION AND CHOICE OF LAW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant \_\_\_\_\_ Print Name Clearly \_\_\_\_\_ Date \_\_\_\_\_

**If the Participant is under 19 years of age, a Guardian is required to sign:**

**I hereby certify that I am the Guardian of the Participant and that they have permission to serve as a participant in the Program. As a Guardian, I fully understand and have full knowledge of the nature and extend of the risks involved with their participation as a participant.**

Signature of Participant \_\_\_\_\_ Print Name Clearly \_\_\_\_\_ Date \_\_\_\_\_