

Punjabi Cultural Society of Kamloops

WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING ANY INJURY PLEASE READ CAREFULLY!

_____ Participant Initials

WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT – Punjabi Cultural Society of Kamloops

Parties Protected by this Waiver, Release of Liability and Indemnity Agreement (the “Releasees”) include **Punjabi Cultural Society of Kamloops** and its officers, directors, employees, agents and volunteers.

Name of Participant/Parent or Legal Guardian of Participant

_____.

Participant Address/Contact Information/Email

Participant Date of Birth (Day/Month/Year)

Description of activity in which the Participant will be engaged

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK BY PARTICIPANT

I acknowledge that there are many risks, dangers and hazards related to my participation in the above noted activity offered by **Punjabi Cultural Society of Kamloops**.

I also acknowledge that those risks, dangers and hazards may arise directly or indirectly from my participation in the above noted activity and that those risks, dangers and hazards may present themselves in many ways including but not limited to the negligence of other people involved with the above noted activity and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE STEPS TO SAFEGUARD OR PROTECT ME FROM THOSE RISKS, DANGERS AND HAZARDS. I FULLY AND FREELY ACCEPT AND ASSUME ALL RISKS, DANGERS AND HAZARDS INCLUDING THE POSSIBILITY OF SERIOUS PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.**

_____ Participant Initials

Punjabi Cultural Society of Kamloops

WAIVER AND RELEASE OF LIABILITY

In consideration of the RELEASEES agreeing to my participation in the above noted activity and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree **TO WAIVE AND RELEASE ANY AND ALL CLAIMS** that I, my family members or anyone claiming through me, have, or in the future may have, against the RELEASEES for any loss, damage, expense or injury, including death, that I may suffer **DUE TO ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY OR OTHER DUTY, INCLUDING ANY DUTY OF CARE OWED UNDER ANY OCCUPIERS' LIABILITY LEGISLATION, ON THE PART OF THE RELEASEES.**

_____ Participant Initials

INDEMNITY I understand and agree that this Waiver, Release of Liability and Indemnity Agreement **WILL BE A COMPLETE BAR AND DEFENCE TO ANY CLAIM**, action or proceeding that I or my family members or anyone claiming through me may commence and I agree to indemnify and hold harmless the Releasees from any expenses, legal fees or any other sums incurred in responding to the commencement or continuation of such claim, action or proceeding.

I am entering into this Waiver, Release of Liability and Indemnity Agreement freely and knowingly. I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the above noted activity and I accept full responsibility for my participation in the above noted activity.

I understand and agree that if any term of this Waiver, Release of Liability and Indemnity Agreement is found to be unenforceable or invalid for any reason, then the unenforceable or invalid term shall be severed from the Waiver, Release of Liability and Indemnity Agreement and shall otherwise have no effect on the enforceability or validity of the remaining portion of this Waiver, Release of Liability and Indemnity Agreement.

I have read the Waiver, Release of Liability and Indemnity Agreement above. I understand its terms and that by signing, I am giving up certain legal rights. I sign this document freely, voluntarily and without inducement and agree to be bound by its terms.

Participant Signature/Parent or Legal Guardian of Participant

Date (Day/Month/Year)

Witness Name (Print) and Signature

Website: www.punjabiculturalandsociety.ca

Email: info@punjabiculturalandsociety.ca

Punjabi Cultural Society of Kamloops

Media Release Form

I, _____ grant permission to the Punjabi Cultural Society of Kamloops to use my image (photographs and/or video) for use in Media publications including:

☐- Videos ☐- Email ☐- Website and/or Affiliates ☐- Newsletters

☐-General Publications ☐- social media (e.g. Instagram, Facebook etc.)

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ I am 19 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Full Name _____ DOB: (mm/dd/yyyy) _____

Player Signature: _____ Date: (mm/dd/yyyy) _____

Signature of parent/ legal guardian (under 19 years of age):

If not parent present:

Witness Name: Print: _____

Witness Signature: _____