



Participant Waiver and Release

I wish to voluntarily participate for Ride for Cancer powered by BMO, a cycling challenge, scheduled to take place along the Rum Runners Trail and Highway 3 on October 3, 2020, organized by and benefiting the QEII Foundation. I agree to abide by the rules, regulations, and instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in/volunteering for such an Event, using public streets and facilities, and the use of and participation in services made available to participants/volunteers during the event is a potentially hazardous activity and can result in serious injury or death. I am aware of and expressly assume all risks associated with participating in/ volunteering for this event, including without limitation, falls, and contact with other participants, bicycles, vehicles and objects, the effects of weather, traffic, and the conditions of the routes used by the Event, and I assert that my participation in/volunteering for this event is voluntary.

In consideration for being permitted to participate in for this event, I hereby waive and release from any and all claims for injuries and damages I may have arising out of the Event or my participation in for the Event (including without limitation any pre- and post-event activities) Ride for Cancer, the QEII Foundation, and the Rum Runners Trail, and any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friend of the event, participants, volunteers, employees, agents, and representatives, including without limitation, the Event medical sponsor. This waiver applies to myself and for anyone entitled to act on my behalf, including but not limited to my heirs and assigns.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury, or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in/volunteering for this Event, even though that liability may arise from negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from damages or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I attest that I am physically capable of, and understand that I should have trained for, completing this Event. If I am aware of or under treatment for any physical infirmity, ailment, or illness, my medical care provider has been apprised of, and has approved of, my participation in this Event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by my during this Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Event is subject to the sole discretion of the organizers of the Event, and that my participation may be limited or terminated for any reason whatsoever at the discretion of the Event organizers.



I represent and warrant that I will be at least 19 years old at the time of the event. If I am under the age of 19 I understand that I will not be allowed to participate without an additional Legal Guardian Waiver and Release signed by my legal guardian.

If I am a participant, I understand that all donations processed by the Ride for Cancer donation office (at the QEII Foundation) are non-refundable and non-transferable, even if I do not participate in the Event. I further understand that my registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible.

I give permission for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this Event of marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAW OF THE PROVINCE OF NOVA SCOTIA. THE NOVA SCOTIA COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue.

I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Full Name (Please Print)

Date

Medical Conditions/Allergies that we should be aware of

Emergency Contact Name and Number