

## RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

(for out-of-province Participants Only)

In consideration of my being given the opportunity to participate in the 2017 ROWONTARIO Championships, and as a Guest of ROWONTARIO (Ontario Rowing Association) and the Welland Recreational Canal Corporation, I AGREE THAT:

- I understand the rigorous nature of rowing activities, both on water and on land, and I believe that I am in good health, and in proper physical condition to participate in the 2017 ROWONTARIO Championships, as aforesaid;
- I fully understand that participating in the 2017 ROWONTARIO Championships may involve risks and dangers either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs, and damage or injury incurred as a result of my participation in the aforesaid event;
- I hereby release, discharge, covenant not to sue, and agree to indemnify, and save and hold harmless ROWONTARIO (Ontario Rowing Association) and the Welland Recreational Canal Corporation, and their Principals, Directors and Officers, Members, Employees, Agents, and Volunteers, from all liability, claims, demands, losses or damages, and I further indemnify, save and hold harmless ROWONTARIO (Ontario Rowing Association), Welland Recreational Canal Corporation, and their Principals, Directors and Officers and others as aforesaid from any litigation expenses, attorney fees, loss, liability or damage that may occur as a result of any such claims.

I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING SAME, AND HAVE SIGNED IT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTHWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

DATE:
DADTIODANT NAME.
PARTICIPANT NAME:
(please print)
" / /
DARTICIDANT CIONATURE
PARTICIPANT SIGNATURE:
(parent/guardian if participant is under 18)
"

Please Copy as Required