

RELAY ASSOCIATION

TEL/FAX: 902-562-6621

WAIVER

Understanding of Risk and Release of Responsibility - WAIVER and RELEASE

I understand that participating in a road race is a potentially dangerous event. Further, the weather, footing and vehicle traffic conditions may be adverse and greatly increase the danger. I certify that I am medically fit to participate without risk to myself or others. I understand that I am totally responsible for my own safety.

In consideration of my being permitted to participate in the Race, I hereby remise, release and forever discharge, waive and save harmless, protect and indemnify the Race Organizers, Athletics Canada, Athletics Nova Scotia, Sport Nova Scotia, Run Nova Scotia, any and all clubs, associations, sanctioning bodies, sponsors, participants, competitors, entrants and all respective agents, officials, volunteers, servants, and representatives from and against any and all kinds of action claims, costs and expenses and demands in respect of death, injury, loss or damage to my person or property howsoever caused as a result of my being permitted to attend or in any way take part prior to, during or subsequent to the Race, whether as an entrant, competitor, spectator or otherwise, not withstanding that some may have been contributed to or occasioned by the negligence of any of the aforesaid, their agents, officials, servants or representatives. Further, I hereby grant permission to any of the above to disseminate photographs or other race result information to the public, through any medium they so choose, from time to time.

I acknowledge having read, understood and agreed to the above. This document will bind my heirs, executors, administrators, successors, and assigns.

TEAM NAME: \_\_\_\_\_ CAPTAIN: \_\_\_\_\_

	PRINT	SIGNATURE	AGE		
1.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
2.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
3.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
4.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
5.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
6.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
7.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
8.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
9.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
10.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
11.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
12.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
13.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
14.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
15.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
16.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
17.	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F

WITNESS: \_\_\_\_\_