

**WAIVER AND RELEASE OF LIABILITY**

**CATEGORY: Solo**

**NAME:** \_\_\_\_\_

**CATEGORY: 2-Person Team**

**NAMES:** \_\_\_\_\_

**CATEGORY: 6-Person Team**

**NAMES:** \_\_\_\_\_

\_\_\_\_\_

In consideration of being allowed to participate in any way in the Red Island Relay Multisport Event or related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the Red Island Relay is significant, including but not limited to, the hazards of travelling on water, swimming, hiking, cycling, transportation, accidents or illness in remote places without medical facilities, and the forces of nature. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest event organizer immediately: and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Cycling PEI operating under the firm name "Cycling PEI", their guides, agents and/or employees, other participants, volunteers, sponsoring agencies, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

5. Any participants which pre-existing medical conditions must declare them here, if the condition is serious then a doctor's note may be requested.

Participant Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Condition: \_\_\_\_\_

**I CERTIFY THAT I AM HEALTHY AND FIT ENOUGH TO COMPETE IN THIS EVENT. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS UNDER THE AGE OF 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next to kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in this event as provided above.

PARTICIPANT'S NAME(S): \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE **X** \_\_\_\_\_ Date \_\_\_\_\_