



**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BATTLE ON THE BAY.

I certify that I am physically able to participate in this activity. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I certify that I am at least 18 years of age.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Owen Sound Police Service, the City of Owen Sound, event volunteers, the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, Battle on the Bay, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Owen Sound Police Service, the City of Owen Sound, event volunteers, the event holders, sponsors, and organizers of the activity, entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Owen Sound Police Service, the City of Owen Sound, event volunteers, the event holders, sponsors, and organizers of the activity, entities or persons mentioned in this Waiver and Release of Liability form from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that this activity involves physical activity and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, water temperature, weather, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Owen Sound Police Service, the City of Owen Sound, event volunteers, activity holders, producers, sponsors, organizers.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature	Date	Participant's Name (Please print legibly)	Age (18 yrs plus)
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