



# PARTICIPANT WAIVER

Description of "Program": \_\_\_\_\_

Date & Start/End Time: \_\_\_\_\_

Participant Name ("Participant"): \_\_\_\_\_  
(Last) (Middle) (First)

*If the Participant is under 18 years of age, a Legal Guardian must provide their full name:*

Legal Guardian: ("Guardian"): \_\_\_\_\_  
(Last) (Middle) (First)

### PLEASE READ CAREFULLY BEFORE SIGNING

**To:** The Corporation of the City of Mississauga (hereinafter the "City"), its employees, Mayor and Members of Council, volunteers, and volunteer leaders (hereinafter the "Released Parties")

***As a participant, I fully understand and agree to the following:***

**Assumption of Risks:** Participation in this Program involves various risks, dangers and hazards which all participants are required to assume. I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting from my participation.

**Consent to Medical Treatment:** I agree to hereby give permission to have the City and the Released Parties arrange for any emergency medical care including hospitalization and transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I agree to pay all costs associated with medical care and transportation.

**Release:** In consideration of being granted permission to participate in the above-noted Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the City and the Released Parties from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation.

**Indemnity:** In consideration of being granted permission to participate in the above-noted Program, I agree to hold harmless and indemnify the City and the Released Parties from any and all liability, loss, claims, demands, costs and expenses, including reasonable legal fees, due to any personal injury or property damage to any third party arising from my participation as a participant in the Program.

**Photo Release:** The Participant hereby authorizes the Mississauga Cycling Advisory Committee and the City to use my name and picture for non-commercial purposes including but not limited to the website, brochures, and flyers. I hereby waive the right to any and all payment or compensation for the use of my picture.

**I AM AWARE OF THE NATURE AND EFFECT OF THIS ASSUMPTION OF RISKS, CONSENT TO MEDICAL TREATMENT, RELEASE, INDEMNITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date

***If the Participant is under 18 years of age, a Guardian is required to sign:***

***I hereby certify that I am the Guardian of the Participant and that s/he has my permission to serve as a participant in this Program. As a Guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with h/his participation as a participant.***

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date