

pancreatic  
cancercanada



cancer du pancréas  
canada

## **PARTICIPANT CONSENT & WAIVER FORM**

### **EVENT**

Event Name: COMPETE FOR THE CURE 2018 Event Location: HOOPDOME, TORONTO

Start Date & Time \_\_\_\_\_ End Date & Time \_\_\_\_\_

### **PARTICIPANT**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Primary Address: \_\_\_\_\_

### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ and Cell #: \_\_\_\_\_

## **PARTICIPANT AGREEMENT**

BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY.

ASSUMPTION OF RISKS AND ASSUMPTION OF RESPONSIBILITY - I acknowledge that I am physically fit and able to participate in Compete for the Cure 2018 (the "Event"). I agree that my participation in and attendance at the Event is voluntary. I knowingly and freely assume all risks and hazards associated with the Event. I acknowledge that these risks and hazards can result from a variety of factors, including but not limited to fatigue; overexertion; exhaustion; heart problems; medical problems; illnesses; emergencies; dehydration; accidents or the intentional or negligent acts of others. I acknowledge that these risks and hazards could cause personal injury, illness, death, property damage, expense or loss. I acknowledge that these risks and hazards may occur as a result of attending the Event, participating in the Event, or travelling to or from the Event.

I am aware that no protective equipment will be supplied at the Event.

I accept my responsibility to abide by all applicable laws, to ensure that I have adequate medical coverage, to protect personal property and to obey all the rules set out for this Event. I agree that abuse of any kind, whether verbal or physical, to any player, manager, umpire, organizer, or spectator can and will result in a suspension if not expulsion from the tournament, whichever the organizers deem appropriate.

I shall permit the free use of my name and picture/image/visual and/or audio recording in publicity resulting from the Event.

In the event of an emergency (whether real or as reasonably perceived by Pancreatic Cancer Canada), if I am unable to do so myself, I hereby authorize Pancreatic Cancer Canada's staff, volunteers or other appointed officials to secure any urgent treatment for me that is deemed necessary in that person's reasonable judgment, including but not limited to any first aid, any administration of anesthetic, surgery, blood products and such medication as may be recommended or prescribed by a health professional, and to disclose any medical information as may be reasonably necessary for such treatment. Pancreatic Cancer Canada does not assume responsibility for the costs of my medical treatment or related travel. If my condition so requires, I may be returned home or transferred to a medical facility at my own expense

**WAIVER AND RELEASE** - BY SIGNING THIS WAIVER AND RELEASE I HEREBY ACKNOWLEDGE that in consideration of approval to participate in or attend at this Event, I hereby agree, on behalf of myself and my heirs, executors, insurers, administrators, and assigns (the "Releasers"), to waive and release Pancreatic Cancer Canada, its parents, subsidiaries, affiliates and all of their respective officers, directors, partners, employees, agents, trustees, sponsors, officials, volunteers and organizers (the "Releasees") from any and all claims, causes of action, suits or demands for any personal injury, illness, death, property damage, expense or loss of any kind, whether arising at law, in equity or under any applicable statute or regulation, whether unanticipated or anticipated, present or future, known or unknown, in any way relating to or arising from my travel to or from, participation in or attendance at the Event, whether or not any such personal injury, illness, death, property damage, expense or loss occurs prior to, during or subsequent to the Event, and notwithstanding that any such personal injury,

illness, death, property damage, expense or loss may have been caused by, contributed to or occasioned by the NEGLIGENCE, BLAME OR LIABILITY OF THE RELEASEES.

SIGNATURE:

**The Participant states:**

1. I acknowledge and agree that I have read this Participant Agreement carefully, fully understand its terms without reservation, and have had the opportunity to ask questions. I understand that I am giving up substantial rights by signing this document.
2. I am signing this Participant Agreement on a free, informed and voluntary basis.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Legal Guardian**

In the event that the Participant is under the age of 18, the parent or legal guardian must also sign below and attest to the following:

1. I am the parent or legal guardian of the Participant
2. I acknowledge and agree that I have read this Participant Agreement carefully, fully understand its terms without reservation, and have had the opportunity to ask questions. I understand that the Participant and I are giving up substantial rights by signing this document.
3. I provide my unqualified consent that the Participant attend and participate in the Event.
4. I am signing this Participant Agreement on a free, informed and voluntary basis.

Parent / Legal Guardian's Name: \_\_\_\_\_

Parent / Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_