



RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the Splash & Dash (the “Race”) on Saturday, November 3, 2018, I for myself, my heirs, executors, administrators, successors, assigns, and anyone entitled to claim with respect to the Race, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE** Sarah’s Fund for Cedars, the Royal Institute for the Advancement of Learning (McGill University), the McGill University Health Centre, The Montreal Children’s Hospital Foundation, and their respective officers, directors, members, agents or other representatives and their successors and assigns, **OF AND FROM ANY AND ALL** claims, demands, losses, stolen items, damages, costs, expenses, suits, actions, causes of action, or other proceedings, whether in law or equity, in respect of death, injury, loss or damage to my person or property, **HOWSOEVER CAUSED**, arising or to arise by reason of my participation in the Race, whether as a spectator, participant, competitor or otherwise and whether prior to, during or subsequent to the Race **AND NOTWITHSTANDING** that the same may have been contributed to or occasioned by the negligence of any of the aforesaid; I **FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY** all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way in connection with my participation in the Race. I fully understand that I may encounter other competitors anywhere on the course. **BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED** to the above **RELEASE, WAIVER AND INDEMNITY**. I **WARRANT** that I am physically fit to participate in the Race. I the undersigned also authorize Sarah’s Fund for Cedars, Splash and Dash and The Montreal Children’s Hospital Foundation to take photos and video during race capturing my likeness, which they may use for publication, web, and all other fundraising activities.

Name _____ Team Name _____

Phone Number _____ Address _____

Contact person for emergency _____ Phone _____

Signature _____ Date _____

Signature of parent/guardian (if under 18) _____ Date _____

Email Address _____

