



**RELEASE FROM LIABILITY AND ASSUMPTION OF RISKS
FOR RACE/EVENT NAME: THE SAUGEEN BLUFFS RIVER RUN**

RACE ORGANIZERS – Saugeen Valley Conservation Authority and Saugeen Bluffs Conservation Area (hereafter referred to as the “Organizer”).

- 1) I acknowledge that the activities involve risk, dangers, and hazards inherent in canoeing, kayaking and associated outdoor water sports (the Inherent Risk). And further acknowledge that in addition to the inherent risk the Activities involve certain additional risks, dangers, and hazards, some of which may include (but are not limited to): physical exertion for which I may not be prepared; weather extremes, including sudden and unexpected changes, dangerous water conditions, including cold water and movement, waves, currents, rapids and white water, collision with natural and man-made objects, including rocks and other boats, and equipment malfunction or failure (collectively the Additional Risks).
- 2) I acknowledge that the enjoyment and excitement of my participation in the activities is derived, in part from the Inherent Risk and the Additional Risks and I agree to freely accept and fully assume all risk of personal injury, death, property damage, or loss, resulting from any cause whatsoever, including but not limited to the Inherent Risk and the Additional Risks and active or passive negligence, imprudence, lack of skill, error of judgment, breach of contract or breach of statutory duty of care on the part of the Organizer or the Ontario Marathon Canoe and Kayak Racing Association (OMCKRA). For greater certainty and without limiting the foregoing, I acknowledge that I use the equipment and facilities of the Organizer and OMCKRA with understanding of the nature, condition and state thereof and entirely at my own risk and acknowledge that I am solely responsible for the safety of my person and property and that the Organizer and OMCKRA assume no responsibility whatsoever for the safety of my person or property in connection with the Activities.
- 3) I waive any and all claims I may now and in the future have against and release and forever discharge from liability and agree not to sue the Organizer and/or OMCKRA for any personal injury, death, property damage or loss sustained by me as a result of my participation in the Activities due to any cause whatsoever, including but not limited to active or passive negligence, imprudence, lack of skill, error of judgment, breach of contract, or breach of statutory duty of care on the part of the Organizer or OMCKRA.
- 4) I agree to save harmless and indemnify the Organizer and OMCKRA from and against any and all liability for any personal injury, death, property damage or loss to any third party, resulting from my participation in the Activities or in the operation of the Organizer.
- 5) I agree that I am responsible for all costs of rescue or medical attention rendered to me or for my benefit, arising from the Activities and I agree to indemnify the Organizer and OMCKRA from any and all liability in respect of any and all such costs.



- 6) I acknowledge that in signing this waiver and release I am not relying on any oral, written, or visual representations or statements made by the Organizer or OMCKRA.
- 7) I agree that this Waiver and Release shall in all respects be governed by and interpreted in accordance with the laws of the province of Ontario.

PARTICIPANT 1: I confirm that I have read and understood this Waiver and Release prior to signing (Initials _____) and agree that this instrument will be binding upon my heirs, next of kin, executors, administrators, successors, and assigns.

I confirm that I am 19 years of age, I have read this Waiver and Release, understand its contents, and I accept its terms.

Signature of Participant	Printed Name	Date

**** If above Signed Participant(s) is not of the full age of 19 years Approval of Parent or Legal Guardian is required - USE BACK IF NEEDED****

I have read the above waiver of Claims and release of liability that has been signed by:

(Please print name of minor) and as a parent or other legal guardian of said minor, I agree to said minor’s signing of the above Waiver and Release and approve of said minor’s participation in the Activities described above.

Signature of Parent or Guardian	Printed Name	Date

OMCKRA and OMCRA are the same organization. To become a member of OMCKRA, please sign up at [OMCKRA](http://www.omckra.ca) (<http://www.omckra.ca>)

Participant Address:

Address:

City:

Province:

Postal Code:



Rowan’s Law

The Ontario Government has enacted *Rowan’s Law* (Concussion Safety), 2018, S.O. 2018, c. 1 (“Act”). Ontario Regulation 161/19. The Act requires all sport organizations as defined in the Regulation to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government’s issued Concussion Awareness Resources on an annual basis. A participant is subject to a Concussion Code of Conduct for each Sports Organization a participant registers with.

The SCRC Concussion Code of Conduct and the appropriate Concussion Awareness Resources must be reviewed before you can register/participate in the Sydenham River Canoe Race.

[Rowan’s Law Booklet, ages 10 and under](https://files.ontario.ca/mtcs-rowans-law-booklet-ages-10-and-under-en-2019-05.pdf) (https://files.ontario.ca/mtcs-rowans-law-booklet-ages-10-and-under-en-2019-05.pdf)

[Rowans Law Booklet, ages 11 to 14](https://files.ontario.ca/mtcs-rowans-law-booklet-ages-11-to-14-en-2019-05.pdf) (https://files.ontario.ca/mtcs-rowans-law-booklet-ages-11-to-14-en-2019-05.pdf)

[Rowan’s Law Booklet, ages 15 and up](https://files.ontario.ca/mtcs-rowans-law-booklet-ages-15-and-up-en-2019-05.pdf) (https://files.ontario.ca/mtcs-rowans-law-booklet-ages-15-and-up-en-2019-05.pdf)

I, _____ (first name) _____ (last name)
(birth date _____ (yyyy/mm/dd) confirm that I have reviewed the appropriate Concussion Awareness Resources.

Signature _____ Date _____

If the participant above is under the age of the 18, then the parent of that participant must also sign the Acknowledgement set out below.

I, _____ (print name of parent if above signatory is under 18) confirm that I have reviewed the appropriate Concussion Awareness Resources.

Signature: _____ Date: _____



Saugeen Valley Conservation Authority (SVCA) Photo Release Form

I authorize the Saugeen Valley Conservation Authority, as well as any of its representatives and employees the right to capture images of me and/or my child through video, photo, and digital camera. I understand that these images may be used by the SVCA for the sole purpose of promotional materials and publications including, but not limited to printed documents, online publications, presentations, websites, and social media. I waive any rights of compensation or ownership thereto.

Name:

Signature:

Name of Parent/Guardian (if participant is under the age of 18):

Signature of Parent/Guardian (if participant is under the age of 18):
