



**United Way**  
**Alberta Capital Region**

# WILD WAGONS SHOWDOWN

## WAIVER AND RELEASE OF LIABILITY FORM

PLEASE NOTE ALL PARTICIPANTS MUST READ AND SIGN FORM BEFORE PARTICIPATION IN SHOWDOWN IS PERMITTED.

Participants Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

### Assumption of Risk

I, the undersigned, wish to participate in United Way of the Alberta Capital Region's, Wild Wagons Showdown. I recognize and understand that by participating in Wild Wagons Showdown (hereinafter called the 'Event') I am open to certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the Event and injuries resulting from tripping or falling during the race. In addition, I recognize that the exertion of participating in the Event could result in injury or death.

Despite these and other risks, and fully understanding such risks, I wish to participate in the Event and hereby assume the risks of racing in the Event. I also hereby hold harmless United Way of the Alberta Capital Region and indemnify them against any or all claims, actions, suits, procedures, costs, expenses (including legal fees and expenses), damages and liabilities arising out of, connected with, or resulting from my participation in the Event, including, without limitation, those resulting from the manufacture, possession, use or operation of any and all equipment used in the Event. I hereby release United Way of the Alberta Capital Region from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the United Way of the Alberta Capital Region that I am in good health and do not suffer from a heart condition or any other ailments which could be exacerbated by the exertion involved in playing in the Event. I further certify that I am 18 years of age or older.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of participant in the Event, I hereby agree as follows:

**TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have, against United Way of the Alberta Capital Region, their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as the Releasee);

**TO RELEASE THE RELEASEE** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Event due to any cause whatsoever; including negligence on the part of the releasee.

**TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for damage to property of, or personal injury to, any third party, resulting from my participation in the Event.

That is Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my injury or death.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEAIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED