

WAIVER AND RELEASE OF LIABILITY

****Read before signing!****

Participant Name _____

In consideration of the risk of injury while visiting Golden Beach Resort and attending Maple Rock Festival, related events and activities, I release of liability and hereby waive any and all rights, claims or causes of action of any kind, and release and forever discharge Maple Rock Festival organisers, their affiliates, managers, members, agents, attorneys, staff,volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss.

I acknowledge that the risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, beach, pool, hot tub, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and I assume full responsibility for my participation.

I agree to indemnify and hold harmless Maple Rock Festival organisers, their affiliates, managers, members, agents, staff, volunteers, heirs, representatives, against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

Participant's Signature _____ **Age** _____ **Date** _____

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name: _____

Signature _____ **Date** _____

Emergency Phone Number: _____