

# Waiver & Health Info

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, Province, Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Waiver and Release of Liability ("Release")

**Express assumption of risk:** I, the undersigned, am aware that there are significant risks involved in participating. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself.

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity.

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initials: \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by Junior Farmers' Association of Ontario together with its affiliated club ("JFAO"), I, the undersigned hereby release JFAO, their principals, agents, employees, directors and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in these activities, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This Release shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this Release is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with JFAO to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

**Indemnification:** The participant recognizes that there is risk involved in the types of activities offered by JFAO. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this Release, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless JFAO, their principals, agents, employees, directors and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by JFAO.

Participants involved in any activities offered by JFAO may be photographed, videotaped, or broadcasted during participation, and such photographs, videotapes, and broadcasts may be reproduced, displayed, published, broadcasted, and otherwise used in any and all manner and media now known or hereafter devised, including without limitation on third-party websites, in social media channels, and in public relations materials. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the JFAO website or in any editorial, promotional, or advertising material produced and/or published by JFAO.

Initials: \_\_\_\_\_

**No Duty to Supervise.** I acknowledge and agree that JFAO has no duty to supervise me during the activities. JFAO assumed no responsibility for any acts or omissions by me during the activities.

**I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this Release I am waiving valuable legal rights.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y

If the Participant is **under** the age of 18:

I hereby certify that I am the parent or legal guardian of the above-named Participant who executed this Release, and I have decision-making authority respecting the Participant to consent to the terms of this Release. As to both myself individually and on behalf of said Participant, I consent to the provisions of this Release and agree that we both shall be bound by this Release. I have fully read and understand each of the provisions of this Release and acknowledge that I am voluntarily waiving valuable legal rights on behalf of myself individually and the said Participant.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y

Emergency Contact Phone Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y