

Assumption of Risks, Release of Liability, Waiver of Claims, and Indemnity Agreement WARNING: By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY!

Participant's Name (Please Print):				
Mailing Address:				
City:	Province:	Postal Code:		
Home Phone:	Cellphone:	Email:		
Birth Date (yy/mm/dd):	Age:	Sex: FemaleMale		
ACTIVITY NAME:				
Parents/Guardians, please compleage or younger. CONSENT TO PARTICIPATE:	te the "CONSENT TO PARTICIPATE" section belo	ow and sign the second page if the Participant is	18 years of	
l,	, the parent or legal guar	rdian of		
hereby give my consent to his/her part	icipation in the activity as stated above (the "Activ	rity").		
DISCLAIMER:				
representatives, successors and assign any kind sustained by any person while	s (all hereinafter collectively referred to as the "Re participating in the activites/events as stated abo s, including any injury, loss or damage which migh	dependent contractors, sub-contractors, volunteer eleasees") are not responsible for any injury, loss of ove (collectively "the Activity") and related underta at be caused by the negligence of the Releasees.	or damage of	
ASSUMPTION OF RISK:				
l,		ue of my participation and or involvement in all ac		
	ion Travel & Events Inc., that I will be exposed to ris sks and potential unknown risks which may includ	sks of loss, including financial loss, severe injury or le, but are not limited to, the following:	r death. I	

- Risks associated with travel to and from locations to be visited, including accidents during transport by bus, public or private motor vehicle and/or aircraft;
- Falls to the ground due to uneven or irregular terrain or surfaces;
- Injuries resulting from contact, collisions or malfunctioning structures and equipment;
- Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- Spinal cord injuries which may render me permanently paralyzed;
- Being struck by other participants, spectators, equipment or vehicles;
- Vigorous physical exertion and strenuous cardiovascular activities associated with the Activity;
- Potential for bone and muscular skeletal injury, such as sprains and strains, episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
- Failure to follow directions or instructions of those in charge of the Activity; and
- Loss due to theft of personal property (e.g. bags, other valuables).

I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage, expense and other loss, delay or inconvenience resulting from acts or omissions, including negligence of the Releasees.					
l un	derstand that I am solely responsible for my own health, medi	cal, dental and property insurance.	Initials:		
REI	LEASE OF LIABLITY, WAIVER OF CLAIMS AND INDE	MNITY AGREEMENT:			
In co	onsideration of the Releasees arranging the Activity and allowing	g me to participate in the Activity, I hereby agree as t	follows:		
1	TO WAIVE any and all claims that I have or may have in the future against the Releasees and TO RELEASE the Releasees from any and all liability for any loss, damage, expense or injury including death, claims, demands, lawsuits, costs, expenses including legal fees and disbursements, and any other liability of any kind, including negligence, howsoever arising out of or in connection with my participation in the Activity. (Initial here that you have read paragraph)				
1	TO HOLD HARMLESS AND INDEMNIFY the Releasees from a expenses including legal fees and disbursements, and any oth other statutory or other duty of care, including any duty of care part of the Releasees, howsoever arising out of or in connection	ner liability of any kind including negligence, breach re owed under the Occupiers Liability Act, RSO 19	of contract or breach of any		
2	This Agreement is governed by the laws of the Province of Ontario and federal laws of Canada applicable herein. This Agreement survives termination of my participation in the Activity. This Agreement cannot be modified or interpreted except in writing by Destination Travel & Events Inc. and no oral modification or interpretation is valid.				
3	This Agreement ensures to the benefit of the successors and assigns of Destination Travel & Events Inc. and is binding upon me, my heirs, next of kin, executors, administrators, representatives, successors and assigns.				
ACI	KNOWLEDGMENT:				
	ntering into this Agreement I am not relying on any oral or writte nis Agreement.	n representations or statements made by the Relea	sees other than what is set forth		
THIS	NFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEME S AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS BY WHI RESENTATIVES MAY HAVE AGAINST THE RELEASEES.				
Sigr	ned this day of 20				
Sigr	nature of Participant:	Print Name of Participant:			
***Signature of Parent/Guardian:		***Print Name of Parent/Guardian:	***Print Name of Parent/Guardian:		
Signature of Witness:		Print Name of Witness:	Print Name of Witness:		
EM	ERGENCY CONTACT INFORMATION:				
PERSON TO CONTACT IN CASE OF EMERGENCY		RELATIONSHIP TO PARTICIPANT	RELATIONSHIP TO PARTICIPANT		
EMERGENCY PHONE NUMBER(S)		EMERGENCY EMAIL (OPTIONAL)			
	E: This agreement must be completed in full, signed, dated, witr re indicated before the Participant may participate in the Activit				

DES INATION

Kim Greco

kim@dteinc.ca

416-575-5773

www.dancerstravel.ca