



GENERAL PARTICIPATION FORM

ACTIVITY:	
NAME:	
PHONE:	
EMAIL:	

In consideration of your acceptance of this participation request, I, for myself, my heirs, executors, administrators, and assigns, forever waive, release and discharge all rights, demands, claims for damages and causes of suit of action known or unknown that I may have against the Louis Riel Relay, Friends of Batoche Historic Site Inc., Batoche National Historic Site or Her Majesty the Queen in the Right of Canada and any sponsors, committee directors, employees, volunteers and agents of such parties for all liabilities in any manner resulting from my participation in this activity. I certify that I have full knowledge of the risks involved in this activity, am physically fit, have sufficiently trained for this activity and have the necessary skills required, and that I assume and pay my own medical and emergency expenses in the event of any accident, illness, or other capacity regardless of whether I have authorized such expenses. I hereby permit the use of my name and picture in broadcast, telecasts and the press as they pertain to this activity. I agree that in the event of this activity being cancelled due to inclement weather, or other act of God conditions, my request shall be dismissed.

Signature of Participant

Date: _____

Signature of Parent/Guardian
(if participant is under 19)

Date: _____