



PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY

By signing this document, you will have waived certain legal rights including the right to sue. Please read carefully!

Assumption of Risks:

I am aware that hiking including receiving instruction, assistance, and/or lessons, involves many inherent risks, dangers, and hazards, including but not limited to, transferring in and out of the ORC or Trailrider, weather conditions, trail conditions, objects of equipment used in connection with InterFit and the instruction thereof, the failure to follow safety procedures or hike within ones' own ability or within designated areas, negligence on the part of The Integrated Fitness Society, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Release of Liability, Waiver of Claims, and Indemnity:

In consideration of The Integrated Fitness Society accepting my application to participate in the North Shore Adapted Recreation Programs and permitting me to use the ORC or the Trailrider, equipment, and other facilities including but not limited to receiving instruction, and assistance I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS:** that I have or may have in the future against The Integrated Fitness Society, its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively all the "Releases");
2. **TO RELEASE THE RELEASEES** 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 use of presence at the North Shore Adaptive Recreation Programs due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE REALEASEES;
3. **TO HOLD HARMLESS AND INDEMNIFY THE REALEASEES** from the liability for any damage to property of, or personal injury to, any third party, resulting from any use of or presence on InterFit hikes and events. By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the releases.

Your Signature

Date

Parent/Guardian Signature if under 18 years old

Date

Witness Signature

Date



RYDERS MEDICAL WAIVER AND IMAGE CONSENT

Medical Waiver:

I grant permission for The Integrated Fitness Society (InterFit) and/ or its designates to proceed in any other manner they deem necessary in the case of a medical emergency involving my child/ward or myself. I am releasing the right for this information to be shared with volunteers, recreation staff, and/ or medical staff that are in contact or responsible for myself or my child's/ ward's participation in activities, programs or excursions at or with The Integrated Fitness Society.

Your Signature

Date

Parent/Guardian Signature if under 18 years old

Date

Consent for use of name or image in electronic or print reproductions:

In consideration of InterFit accepting this application, I, _____ or the parent/guardian of _____ (applicant), give my consent to have my name and/or image stored and reproduced by the Association for Association promotional and informational purposes. Reproduction consent includes release for use in Newsprint and Newsmagazine articles, newsletters, and submissions to third parties.

Your Signature

Date

Parent/Guardian Signature if under 18 years old

Date

Please send completed waiver to:
info@interfit.ca
2820 Bushnell Place
North Vancouver, BC
V7J 2Y8