**WAIVER AND INDEMNITY**

In consideration of my being permitted to participate in Presbyterian World Service & Development (PWS&D) “Journey for Hope” event, I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge and save harmless and indemnify PWS&D and the PCC, their officers, managers, servants, agents, corporate sponsors, cooperating organizations and churches and any other parties connect with Journey for Hope in any way solely or collectively, from any and all blame, liability, lawsuits, actions, claims, costs, expenses or demands by reason of any damage, harm, loss, misadventure, inconvenience, death or injury to myself or to my property arising from my participation in Journey for Hope or any activity associated therewith however causes, arising out of or in connection with the Journey for Hope and whether the same may have been contributed to or occasioned by the negligence, directly or indirectly of the Parties.

I recognize that there are inherent risks and hazards involved in Journey for Hope and I agree to assume all such risks and hazards. I confirm that I am physically capable and fit to participate in Journey for Hope and I have no medical conditions or needs other than those listed below. I consent to and permit emergency treatment in the event of injury or illness and to bear all costs of rescue or medical attention rendered to me personally arising from Journey for Hope. I further understand that Journey for Hope is not a race. I agree to participate in a safe and controlled manner at all times, and agree to wear a helmet while on a bike. I agree to abide by the directives of PWS&D staff and the Team Captain. I understand that my participation in Journey for Hope may be cancelled if PWS&D staff or Team Captain assess me unfit to participate due to medical conditions, use of drugs or alcohol, foul language or other unacceptable behaviour.

I confirm that I am eighteen years of age or older.

**I HAVE READ THIS WAIVER AND INDEMNITY AND ACCEPT ITS TERMS**

(please print clearly, one person per page)

Signed the\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the city/town of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the

Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City & Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_