

**MURTLE RIVER NORDICS SKI CLUB and HELMCKEN FALLS LODGE  
2008-2009 EVENT PARTICIPATION WAIVER**

**ACTIVITY:** Wells Gray Birchleg

**DATE OF ACTIVITY:** \_\_\_\_\_

In consideration of Murtle River Nordics (MRN) ski club and Helmcken Falls Lodge (HFL) accepting my entry into the above named activity, I hereby for myself, my heirs, executors, administrators and assigns, forever release, and forever discharge MRN ski club and HFL, their executive directors, servants, agents, sponsors, supporters, employees or volunteers from any and all claims, demands, damages, costs (including solicitor and client costs on a full indemnity basis), actions or causes of actions, proceedings arising out of or in consequence of any loss, injury, or damage which may arise by reason of negligence of MRN ski club and HFL, their servants, agents, sponsors, supports, employees or volunteers.

Without limiting the generality of the foregoing, I further release any and all recourses which I may now or hereinafter have resulting from any decisions of MRN ski club and HFL.

In addition to the foregoing, I further waive any claims I might have in connection with any cancellation or rescheduling of the event for whatever reason.

I declare that my physical condition, to the best of my knowledge, is adequate to participate safely in the sport of cross-country skiing, and that no physician or other qualified individual has advised me against participating in the sport. I further acknowledge and agree that it is my choice as to whether I will obtain a physical examination prior to participating in the event, and I hereby acknowledge and agree to assume all risks associated with not obtaining such an examination, or if I do obtain an examination and am instructed not to participate in the event, I hereby assume all risks associated with my participation.

By completing this **Waiver of Liability** with my signature below, I hereby agree to abide the rules and regulations of MRN ski club and HFL, and to follow the instructions of the officials during the event.

**Adult Participant Release & Waiver:** As a participant of the named activity, I have read and understand the contents and intent of this waiver:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**Minor Participant Release and Indemnification**

As a parent or guardian of

\_\_\_\_\_  
\_\_\_\_\_

who is/are under the legal age of 19, I have read and understood the contents and intent of this waiver and accept its terms and conditions on behalf of the child(ren) named.

Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_