

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**WARNING: by signing this document you agree to release The Georgian Bay Cancer Support Centre and all of its stakeholders of any and all liabilities associated with actual or perceived damages suffered as a result of participation in the specified activity.  
Please read carefully!**

Name of participant: \_\_\_\_\_  
Address of Participant: \_\_\_\_\_

Course Title: Georgian Bay Cycle for Hope  
Event Start Date: August 16<sup>th</sup>, 2025

### **Assumption of Risk**

I am aware that involvement of the aforementioned activity has many inherent risks, including but not limited to:

#### **General**

- Theft, vandalism, damage, or loss of personal property secured or unsecured, on or off the grounds of the event.
- Any manner of injury or death resulting from use, misuse, non-use and failure of any equipment
- Injury, illness, or death resulting from travel by any means of transportation to, from, or during the activity

#### **Outdoor Travel**

Injury, illness, death or damages resulting from:

- **Terrain:** Trips, slips, falls or other loss of control on slippery or uneven terrain, or from impact with obstructions, visible, or non-visible
- **Weather:** Exposure to severe cold, wind, heat precipitation of any kind, lighting, as well as reduced visibility as a direct or indirect result of weather conditions
- **Other open environmental hazards:** either intended or unintended contact with other activity participants, motorized or non-motorized vehicles, animals, insects, or any other person or object
- **Plant/wildlife:** contact with insects, plants, or animals, including but not limited to mosquitos, ticks, bees, wasps, snakes, poison ivy, poison oak.

#### **Physical Activity**

Injury, illness, death, or damages resulting from:

- Extreme changes in heart rate, possibly resulting in dizziness, shortness of breath, and/or heart attack
- Injuries and/or discomfort such as sprains strains, lacerations and other external wounds, bone fractures, fainting, cramps, and nausea
- Dehydration

I hereby freely accept and fully assume all such risks, dangers, and hazards, and the possibility of personal injury, death, property damage or loss arising out of, associated with or relating to my participation in the Activity. I agree that if The Georgian Bay Cancer Support Centre, in its sole discretion and on my behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services.

**INDEMNITY**

I agree to INDEMNIFY AND HOLD HARMLESS The Georgian Bay Cancer Support Centre, its Board of Directors, officers, employees, members, agents, volunteers, and independent contractors (the “GBCSC Parties”) from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Activity.

\_\_\_\_\_ (Initial that you have read the above paragraph)

**ACKNOWLEDGEMENT**

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the GBCSC Parties, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE GEORGIAN BAY CANCER SUPPORT CENTRE MAY DEEM NECESSARY FOR MY HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.

***Participant:***

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS NAME (please print)

***Parent/Guardian (for those under the age of 18):***

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS NAME (please print)