

Full Name: _____

Address: _____

Telephone: _____

Email: _____

Age: _____

Emergency Contact: _____

Contact Telephone: _____

Waiver Agreement:

I am knowingly participating in surfing and stand up paddleboarding SUP on the Great Lakes. I realize this is open water and it is subject to currents, waves, wind, and lake hazards (animate & inanimate) of all types. I fully realize that events of this nature will entail a great deal of risk to me, both for serious injury and even death. I also realize that this activity could not be held unless I am willing to assume all consequences of these risks. Therefore I assume full responsibility to inform myself as to all the dangers and risks and I sign this ACCIDENT WAIVER & RELEASE OF LIABILITY as a legally binding method of personally assuming all of these risks. In consideration of my entry I agree to execute this ACCIDENT WAIVER & RELEASE OF LIABILITY.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release, and discharge from any all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my travelling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: Surf Ontario INC, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by negligence of release or otherwise.

BY SIGING AT THE BOTTOM OF THIS PAGE, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. THIS AGREEMENT IS ENFORCEABLE LIKE ANY WRITTEN NEGOTIATED AGREEMENT SIGNED BY YOU. YOU AGREE THAT ANY OF YOUR AGENTS, REPRESENTATIVES, EMPLOYEES, OR ANY PERSON OR ENTITY ACTING ON YOUR BEHALF SHALL BE BOUND BY, AND SHALL ABIDE BY, THESE TERMS AND CONDITIONS. YOU AGREE THAT YOU ARE BOUND BY THE AGREEMENT WHETHER YOU ARE ACTING ON YOUR OWN BEHALF OR ON BEHALF OF A THIRD PARTY.

Name: _____

Date: ___/___/_____

MM/DD/YYYY

Signature: _____
