



RELEASE AND WAIVER OF LIABILITY FOR BCSLA TOUR

Name of Participant: _____

E-mail _____ Telephone: ____ (____) _____

Emergency Contact Name: _____ Telephone: ____ (____) _____

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____ by (name) _____, the Participant, in favor of the British Columbia Society of Landscape Architects (BCSLA) and their officers, directors, trustees, employees, contractors, agents, insurers and representatives, successors and assigns.

The Participant confirms as follows:

- I am over the age of 19.
- I know that participating in physical fitness events is a potentially hazardous activity.
- I agree not to participate unless I am medically able and properly prepared.
- I agree to abide any decision of an event official concerning my ability to safely participate.
- I assume any and all risks associated with this event; including but not limited to falls, contact with other persons or objects, the effects of weather, traffic and course condition.
- I have read and understood this waiver prior to signing it and agree that this waiver will be binding on me, my heirs, next of kin, executors and administrators.
- I agree that this waiver is governed in all respects by and interpreted in accordance with the laws of the Province of British Columbia and the laws of Canada applicable therein.

The Participant understands that the activities may include a bicycle, running and/or walking tour related to the 2022 BCSLA Tour _____ (the "Activities"). The Participant does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **RELEASE AND WAIVER:** The Participant does hereby release and forever discharge and hold harmless the BCSLA and their officers, directors, trustees, employees, contractors, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the Participant's activities with the BCSLA.

The Participant understands that this Release discharges the BCSLA from any liability or claim that the Participant may have against the BCSLA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant's Activities with the BCSLA, whether caused by the negligence of the BCSLA or its officers, directors, employees, or agents or otherwise. The Participant also understands that the BCSLA does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

2. **MEDICAL TREATMENT:** The Participant does hereby release and forever discharge the BCSLA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's Activities.

IN WITNESS WHEREOF, the Participant has executed this Release as to the day and year first written.

Participant Signature: _____ Participant Name _____

Date: _____

The BCSLA offices are located on unceded Coast Salish territories of the x̱m̱əθḵw̱əy̱əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətaʔṯ (Tsleil-Waututh) First Nations. We recognize and respect the history, languages, and cultures of the First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our organization, our lives and our country.