AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Indoor Track Training starting in January, 2024, organized by Prince George Track and Field Club, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Prince George Track and Field Club, School District #57, Northern Sports Centre Ltd, and University of Northern British Columbia, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I,	HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK
	HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK MS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT, AND SIGN IT FREELY AND VOLU	JNTARILY WITHOUT ANY INDUCEMENT.
XPARTICIPANT'S SIGNATURE	Date Signed:
PARTICIPANT'S SIGNATURE	(dd/mm/yy)
XWITNESS SIGNATURE	PRINT NAME OF WITNESS
WITNESS SIGNATURE	PRINT NAME OF WITNESS
	PARTICIPANTS OF MINORITY AGE
(AGE 18 AN	D UNDER AT TIME OF REGISTRATION)
above of all the Releasees, and, for myself, my heir	responsibility for this participant, do consent and agree to his/her release as provided s, assigns, and next of kin, I release and agree to indemnify the Releasees from any vement or participation in these programs as provided above.
PRINT NAME OF PARENT/GUARDIAN	EMERGENCY PHONE NUMBER
TRIVE NAME OF TARENT/OUARDIAN	LIVILAGENCI I HONE NOWBER

WITNESS SIGNATURE

SIGNATURE OF PARENT/GUARDIAN