

12 Hour Boot Camp Relay Registration Form

12 HOUR BOOT CAMP RELAY

In Support of
Bereaved Families of Ontario – Toronto



April 18, 2009

7:00 AM – 7:00 PM

Sponsored by:

TORONTO
ADVENTURE
BOOT CAMP

Team Information:

Team Name: _____ Team Captain: _____

Participant information:

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email: _____

Gender: Female / Male Shirt Size: S / M / L / XL

Payment Information:

Team payment information only needs to be provided once.

_____ Team Registration: \$75.00

_____ Individual Registration: \$25.00

Credit Card # _____ Expiry: _____

RELEASE, WAIVER AND INDEMNITY:

In consideration of the acceptance of my application and the permission to participate as a participant in the 2009 12 Hour Boot Camp Relay. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE Body By U Fitness Inc., and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity. In respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason on my participation in the said event, whether as a spectator, participant, or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to allow the use of photographs taken of me during the event by the organizers, for future event promotional purposes. Such photos not to be used for any other commercial or re-sale purposes. IF FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature: _____ Date: _____

Print Name: _____