



# The Township of Minden Hills Crazy River Raft Race



## PARTICIPANT INFORMATION

Name of Participant(s) \_\_\_\_\_ Age(s): \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Photo Release and Assumption of Risk

a) For marketing and promotional purposes, the Township of Minden Hills documents it's programming and events through photos and video. I, \_\_\_\_\_ hereby consent that photos/video can be taken of my child/myself for the following purpose: promotion, grant proposals, newspaper articles and websites

b) in consideration of The Corporation of the Township of Minden Hills permitting me/and or the person (s) listed above to participate in the offered recreational programming, I, for myself, for the person (s) listed above and for all the persons who may be entitled to make a claim, hereby release, discharge and indemnify and save harmless The Corporation of the Township of Minden Hills, and its agents, volunteers and employees from any and all claims by whosoever made for damages, liabilities or losses arising from injury to or death of myself and/or person (s) listed above and property by reason of my and/or his/her participation in the offered recreational programming or by reason of the provision of medical care to me and/or him/her.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT/PARENT/GUARDIAN SIGNATURE