

# Biathlon Ontario Event Participant Waiver

(Must accompany an event Registration Form)



Name of Event: Fall 2010 Biathlon Clinic – Lake Superior Biathlon  
Event Date(s): 17-19 September 2010

IN CONSIDERATION OF: **Biathlon Canada** (hereinafter called **BiCan**), **Biathlon Ontario**, (hereinafter called **BiOn**) and **Lake Superior Biathlon** (hereinafter called the **Host Club**) accepting my entry into the above- named activity, I hereby for myself, my heirs, executors, administrators and assigns, forever release, and forever discharge **BiCan**, **BiOn** and the **Host Club**, their executive directors, servants, agents, sponsors, supporters, employees or volunteers from any and all claims, demands, damages, costs (including solicitor and client costs on a full indemnity basis), actions or causes of actions, proceedings arising out of, or in consequence of, any loss, injury or damage which may arise by reason of negligence of **BiCan**, **BiOn** and the **Host Club**, their servants, agents, sponsors, supporters, employees or volunteers.

Without limiting the generality of the foregoing, I further release any and all recourses which I may now or hereinafter have resulting from any decisions of **BiCan**, **BiOn** and the **Host Club**. In addition to the foregoing, I further waive any claims I might have in connection with any cancellation or rescheduling of the event for whatever reason.

I declare that my physical condition, to the best of my knowledge, is adequate to participate safely in the sport of biathlon, and that no physician or other qualified individual has advised me against participating in the sport. I further acknowledge and agree that it is my choice as to whether I will obtain a physical examination prior to participating in the event, and I hereby acknowledge and agree to assume all risks associated with not obtaining such examination, or if I do obtain an examination and am instructed not to participate in the event, I hereby assume all risks associated with my participation.

I authorize and consent to the publication by **BiCan**, **BiOn** and the **Host Club** of any materials containing my name or picture, and I release to **BiCan**, **BiOn** and the **Host Club** and all persons acting under authority from them, any claims I might have due to the initial or subsequent publication of such material.

By completing this **Waiver of Liability** with my signature below, I hereby agree to abide by the Rules and Regulations (including the Range Safety Rules) as set forth by **BiCan**, **BiOn** and the **Host Club**, and to follow the instructions of the officials during the event.

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**For events that include the use of .22 rifles: (1.) requiring carrying the rifle out of the range - the participant must have a current Minor or Possession-Only (POL) or Possession and Acquisition Licence (PAL) or must have direct and immediate licenced supervision; (2.) requiring carrying the rifle within the range from rack to firing line and back - the participant must have passed the Canadian Firearms Safety Course Examination or have taken the Cadet Marksmanship and Firearms Safety Program. The participant must follow the BiOn Range Safety Rules.**

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## Adult Participant Release and Indemnification

I have read and understand the contents and intent of this waiver and accept its terms and conditions.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## Minor Participant Release and Indemnification

As a parent or guardian of \_\_\_\_\_ who is under the age of majority, I have read and understand the contents and intent of this waiver and accept its terms and conditions on their behalf.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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**Non-members of Biathlon Canada:** In addition to signing the foregoing release, I acknowledge that I (or minor participant) am not a member of any **Division of Biathlon Canada** and agree to acquire day membership(s) for the duration of the above named event.

Signature (or Parent or Guardian for Minors): \_\_\_\_\_