



## EVENT PARTICIPANT WAIVER AND RELEASE

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Student Information Card	
Student Name	
Age	
Grade	
School Name	
Student Contact Email	
Student Mailing Address	_____ _____ _____ _____
Parent/Guardian	Name: _____ Contact Number: _____ Contact E-Mail: _____
Emergency Contact	Name: _____ Contact Number: _____ Relationship: _____

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

I ACKNOWLEDGE THAT, **Placentia Bay Industrial Showcase Student Event** on September 19th, 2024 occurs from the hours of 8:30am to 2:30pm, and must be attended in its entirety by the student. Students should enter through the main entrance of the Unity PARC where they will then be greeted by PBIS Conference Staff and a representative from Marine Atlantic. I understand that transportation and accommodations (if required) to and from this Event are the responsibility of the parent/guardian.

In consideration of permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(a) I AND/OR MY CHILD HEREBY ASSUME FULL RESPONSIBILITY OF ALL THE RISKS OF PARTICIPATING IN THIS EVENT; I WAIVE, RELEASE, AND DISCHARGE Placentia Chamber Of Commerce, a non-profit corporation, and its officers, directors, board members, employees and agents, and any other person(s), entities or organization(s) associated in any way with the event from any and all liability, including but not limited to, personal injury, death or disability, property damage, property theft, or actions of any kind which may hereafter occur to me while participating in this Event.

(B) I AND/OR MY CHILD INDEMNIFY, HOLD HARMLESS, AND RELEASE Placentia Chamber of Commerce from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of Placentia Chamber of Commerce, or one of its sponsor partners, other participants or otherwise. I acknowledge that Placentia Chamber of Commerce is not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting the Event on behalf of Placentia Chamber of Commerce.

(C) I AND/OR MY CHILD AGREE THAT that this document be governed by the laws, and in the courts, of the Province in which the EVENT occurs.

(D) I AND/OR MY CHILD hereby consent to medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this Event.

(E) I AND/OR MY CHILD understand that I may be photographed during this Event and its related activities, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Placentia Chamber Of Commerce, its sponsors, organizers, and assigns.

This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT THE INFORMATION PROVIDED WITHIN THIS DOCUMENT IS FACTUAL. I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT FREELY.

\_\_\_\_\_  
Print Participant's Name      Age      Signature\*      Date

\_\_\_\_\_  
Print Parent/Guardian Name      Age      Signature of Parent/Guardian      Date

I certify that the information provided in this document concerning the Student's Name, School Name, and Grade is true to the best of my knowledge.

\_\_\_\_\_  
Teacher's Name      Signature of Teacher      Date