

**Gateway Community Christian Reformed Church  
WAIVER OF LIABILITY AND RELEASE OF  
CLAIMS**



**READ CAREFULLY**  
BY SIGNING THIS, YOU GIVE UP ALL RIGHTS TO LITIGATION

**I agree** to this waiver of liability and release of claims in respect to Gateway Community Christian Reformed Church, its officers and directors, employees, pastor, council members, congregation members, volunteers or managers, and independent professionals hired by Gateway Community Christian Reformed Church.

**I understand** that the activity involves certain dangers, which may include, but are not limited to:

- Damage to, or loss of, or theft of property to
- Minor injuries such as scratches, bruises and sprains to
- Major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks to
- Catastrophic injuries including paralysis and death

**I accept** all of the risks and the possibility of death, personal injury, property damage and loss resulting from my involvement in this activity.

**I release** Gateway Community Christian Reformed Church, its officers and directors, employees, pastors council members, congregation members, volunteers or managers from any and all liability for any personal injury, death, property damage or loss I, my child or charge or organization may suffer as a result of my participation in this activity, whether such claim arises by contract, by tort, in equity or by reason of breach of a legal or statutory duty.

**I certify** that I am physically capable and fit to participate in this activity and have no medical conditions or needs that would prevent me from participating in this activity.

**I confirm** that I am 18 years or older or where I am under 18 years of age, through my legal guardian, I agree I will pay for all costs incurred by Gateway Community Christian Reformed Church, its officers and directors, employees, pastors council members, congregation members, volunteers or managers should a suit be launched on behalf of me, my child, or charge or organization.

**I acknowledge** that Gateway Community Christian Reformed Church personnel have been available to fully explain the various hazards and risks associated with the activity.

**I agree** that, even though I, my child, charge or organization may not live in British Columbia, the laws of British Columbia govern this Waiver of Liability and Release of Claims and will be enforceable in any court of law.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2009 in the city of Abbotsford in the province of British Columbia.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or legal guardian (if under 18)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Printed name of witness

**PARENT PERMISSION**  
**GATEWAY STUDENT MINISTRIES**  
**THE GATEWAY CUP**  
**RACE VI**  
**JUNE 20TH, 2009**

**Participants Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**IN CASE OF EMERGENCY**

**CARECARD #:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

Phone number: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

I give my permission for the minor listed above, who is in my custody, to participate in The Gateway Cup Race, on June 20th, 2009. I hereby authorize the leaders of the group as agents for the undersigned to consent to any medical diagnosis or treatment which is deemed advisable by and is to be rendered under the general or special supervision of any physician licensed in the country where medical attention is required.

\_\_\_\_\_  
*(signature of parent)*

\_\_\_\_\_  
*Date*

**Race Information**

This is our 6th annual race which spans across the Fraser Valley. This year we will begin at 8:00 am and will end 4:00 pm. There will be a BBQ and awards at the end of the race. Due to the highly confidential nature of race details, any other information you might need can be acquired by calling Anthony Jansen.

***This race involves a fair amount of driving for which the teams are responsible to provide adequate drivers.***

Any questions or concerns contact Anthony Jansen @ 604-309-7383