Waiver, Release and Indemnity

COMPANY NAME (RELEASED PARTY):	ENDURANCE EVENT PRODUCTIONS LTD.
EVENT: GEORGINA SPRING FLING 1/2 M	IARATHON, 10KM RUN/WALK, 5KM RUN/WALK 2022
PARTICIPANT NAME (RELEASING PARTY):	
PARTICIPANT AGE:	
PARTICIPANT DATE OF BIRTH (YYYY/MM/DD):	
I understand and agree that my participation in events, and/or sanctioned by the COMPANY is conditional up	programs, races, or activities organized, operated, conducted on my execution of this document.
1. I am aware that running, racing, and participation in possibility of personal injury, medical trauma, medical	
or negligent rescue by those associated in any way with	VENT even if arising from the negligence, gross negligence in the COMPANY and the EVENT, the venues at which the group or participating in the EVENT, including their respective evers and representatives (the "Releasees").
3. I understand that all applicable rules for participation RESPONSIBILITY FOR MY PERSONAL SAFETY I preparation and fitness to participate in the EVENT.	n in the EVENT must be followed and that SOLE REMAINS WITH ME, including my physical and emotional
4. I undertake and agree to remove myself from participor unsafe condition, or if, at any time, I feel unable or unsafe condition.	pation in the EVENT if I sense or observe any unusual hazard unfit to safely continue for any reason.
future, against any of the Releasees set forth in paragra medical emergency or condition or death, or any expen participation in any part or parts of the EVENT or my p	BILITY AND ALL CLAIMS that I have, or may have in the ph 2 above from all liability for any loss, damage, injury, use associated therewith, that I may suffer as a result of my presence at the venue at which the EVENT may take place, gligence set forth in paragraph 2 above or from any breach of g any duty of care owed under the relevant Occupier's
6. I AGREE NOT TO SUE and I further agree TO INE expenses, fees, liability or damage award or cost of any EVENT.	DEMNIFY AND SAVE HARMLESS the Releasees from all very type whatsoever arising from my participation in the
I HAVE READ AND UNDERSTOOD THIS WAIVE signing this document I am waiving substantial legal ri administrators and next of kin), including the giving up	ghts (on my behalf and on behalf of my heirs, executors,
Participant Signature: Date:	
Witness Signature:	

Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19

COMPANY NAME (RELEASED PARTY):	ENDURANCE EVENT PRODUCTIONS LTD.
EVENT: GEORGINA SPRING FLING	1/2 MARATHON, 10KM RUN/WALK, 5KM RUN/WALK 2022
PARTICIPANT NAME (RELEASING PAR	ТҮ):
PARTICIPANT AGE:	
PARTICIPANT DATE OF BIRTH (YYYY/	MM/DD):
This waiver & declaration must be completed	prior to participating in the EVENT.
extremely contagious and is known to spread	declared a worldwide pandemic by the World Health Organization. COVID-19 is mainly by contact from person to person. Consequently, local, provincial and various measures and prohibit a variety of behaviors, in order to reduce the spread
Public health and other governmental authorithe COMPANY cannot guarantee that you wi	the the requirements and recommendations of the National, Provincial and local ties, and to put in place and adopt all necessary measures to that effect. However, ill not become infected with COVID-19. Further, attending the EVENT could despite all preventative measures put in place.
By signing this document,	
	e of COVID-19 and I voluntarily assume the risk that I could be exposed or infected. Being exposed or infected by COVID-19 may particularly lead to injuries,
2. I declare that I am participating voluntarily transmitting COVID-19 during my participati	in the EVENT and accepting any risk and heightened risk of contracting or on in the EVENT.
fever, cough, sore throat, respiratory illness, o	ousehold, have experienced cold or flu-like symptoms in the last 14 days (including lifficulty breathing) and I declare that if, after submitting this Declaration, I or d or flu-like symptoms during a 14-day period prior to the EVENT, I will withdraw
any Province outside of Ontario, in the past 1 layover, outside the Province of Ontario after	my household has travelled to or had a lay-over in any country outside Canada, or in 4 days and I declared that If I travel, or if anyone in my household travels or has a submitting this declaration, during the 21-day period prior to the EVENT, I will if fully vaccinated from COVID-19, this does not apply),
Covid-19, and I declare that if, after submittir	come into direct close contact or interacted knowingly with any person who has ng this form, I have come into contact knowingly with any person who has Covid-EVENT, I will withdraw from participating in the EVENT.
and local Public Health and other government	I agree to adhere to the requirements and recommendations of National, Provincial tal authorities and to those special safety regulations put in place by the COMPANY adopt all necessary measures to those effects.
legal rights to sue the COMPANY and its off	waiver and agreeing to the terms and conditions set out in it, I am giving up my icers and directors, employees and representatives, the venue at which the EVENT officials thereat in the event that I contract the Covid-19 Coronavirus as a result of
venue at which the EVENT takes place and a	COMPANY and its officers and directors, employees and representatives, the ny organizers, volunteers, or officials thereat from any damages, claims, costs or -19 Coronavirus as a result of participating in the EVENT.
This document is in addition to and does not a	replace any other waivers associated with the EVENT.
Participant Signature:	Date:

Witness Signature: ______ Date: _____