

RELAY FOR SHELTER



Participant Information - Release & Waiver Form (Required for each Team Member)

PLEASE **PRINT** ALL INFORMATION

Team Name: _____ Team Captain: _____

Participant Name: Mr./Mrs./Ms. _____ Age _____ Sex: M F

Participant Address: _____

City: _____ Province _____ Postal Code: _____

Home Phone () _____ Work _____ Cell _____

Email address _____

1. MY RELAY T-SHIRT SIZE IS: (Please check the appropriate size. IF no size is indicated, participant will receive an XL)

- | | |
|---|--|
| <input type="checkbox"/> SMALL (Adult) | <input type="checkbox"/> X-LARGE (Adult) |
| <input type="checkbox"/> MEDIUM (Adult) | <input type="checkbox"/> 2XL-LARGE (Adult) |
| <input type="checkbox"/> LARGE (Adult) | <input type="checkbox"/> YOUTH (10-12) |

2. If you **DO NOT** want your T Shirt please indicate here

PLEASE SIGN BELOW:

3. WAIVER:

- In consideration of the furtherance of your purposes, objectives and work, and in consideration of you permitting me to participate in the Relay for Shelter. I hereby agree that this activity is and shall be at my own risk and my child(ren)'s risk against all casualties to myself and/or my child(ren)'s or my and/or my child(ren)'s property and I myself, my issue, my beneficiaries, successors and executors hereby release, forever discharge and save harmless Thunder Bay Emergency Shelter Inc, sanctioning bodies, sponsoring companies, participants, entrants, etc. connected with this event from and against any and all actions, claims, costs and expenses in respect to death, injury, loss or damage, to my and/or my child(ren)'s person or property, however caused, arising out of me and my child(ren) being permitted to participate in the Relay for Shelter. Furthermore, I hereby grant Thunder Bay Emergency Shelter Inc the irrevocable right to use in any way they see fit, for the purpose of publicizing and advertising without restriction, my and my child(ren)'s name, face and/or voice.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant
Signature _____

Date: _____

(Signature of parent or legal guardian if child is under 18)

**Thunder Bay Emergency Shelter Inc. – Charitable Organization No. 11926 4190 RP0001
420 George Street, Thunder Bay, Ontario P7E 5Y8 (807) 623-8182
Fax (807) 623-6328 – Email: shelter@tbaytel.net**