



Contact			<input type="checkbox"/> Participant	<input type="checkbox"/> Volunteer
Name				
Address				
City		Prov.	Postal	
Email		Phone		

Waiver

1. I (referred to hereinafter as the "Participant") understand the inherent risks to participating in Wheels of Hope and assume all risks for personal safety
2. I agree to obey all laws, including traffic signs and lights, that, if riding a bicycle, I will wear my regulation bicycle helmet
3. I will co-operate fully with the event organizers as defined below, including stopping my participation if requested to do so
4. I confirm that I am in proper physical and emotional condition to participate in this event
5. In consideration of the acceptance my participation in the event, I, for myself, my heirs, executors, administrators, successors and assigns waive any claims to which I may become entitled for injury or damage or other liability regardless of cause and release Hope Awaits Ministries and all other organizers, sponsors, representatives, their agents and employees and any other persons or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation in or travelling to or from this event
6. I give my permission to Hope Awaits Ministries to use my name and picture in broadcast, telecast, internet, mediated or written account of this event
7. **For participants under the age of 18 years:** in consideration of Hope Awaits Ministries accepting the participation of the above-named participant in the event, I _____, a parent/guardian of the participant, agree to indemnify and save harmless Hope Awaits Ministries, their directors, officers, members, servants, agents, and employees from and against any claims or demands which might be made against any of them, arising out of or in consequence of the attendance or participation of by the participant in this event.

I accept the terms of my participation in this event

Signature _____
 Signature of guardian if 17 and under

Date _____