



CANADIAN
TRANSPLANT GAMES
JEUX CANADIENS
DES GREFFÉS

Toronto + Ontario
August /Août 8 - 13 2016

PART G:

WAIVER AND GENERAL RELEASE OF LIABILITY FORM

(Print and submit to the address shown in Page 1)

PART I:

I hereby agree to information being released to the media and to being interviewed or photographed in connection with my participation in the Canadian Transplant Games, August 8-13, 2016 in Toronto, ON.

PART II:

In consideration of the opportunity to participate in the **Canadian Transplant Games**, I _____ (print name) on behalf of myself, my next-of-kin, my heirs, executors, administrators, and assigns, hereby release and discharge the **Canadian Transplant Association** and all other venue representatives and agents for any injury, loss, or damage to my person or property and all expenses and costs, however caused, arising out of and in connection with my participation in the **Canadian Transplant Games** and associated activities and notwithstanding that the same have been contributed to or occasioned by the negligence of the **Canadian Transplant Association**, its officers, directors, representatives and agents.

Executed and Delivered as a Deed by:

PARTICIPANT (name in full): _____

DATE: _____ SIGNATURE: _____

WITNESSED BY (name in full): _____

DATE: _____ SIGNATURE: _____

FOR ATHLETES ONLY

I have discussed the possibility of any adverse effects of the Games on my health with my physician who is in agreement with my decision to participate. I also confirm that I have been training / preparing for the Games and am able to compete.

PHYSICIAN'S CONFIRMATION: I hereby confirm that I have examined the above named competitor and found that he / she is fit to compete in the Games and in the specific events selected.

NAME: _____

DATE: _____ Doctor's SIGNATURE: _____