



EMAS
CANADA

EMAS CANADA

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RIDE FOR GUTU MISSION HOSPITAL

Acknowledgement of Inherent Risk, Waiver and Release, and Indemnification Agreement

1. I acknowledge and understand that there are inherent risks associated with participating in the EMAS Canada Ride for Gutu Mission Hospital. Including, but not limited to, those caused by terrain, facilities, temperature, weather, conditions of the equipment, vehicular traffic, actions of other people, including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event, and lack of hydration. I will assume all of the risks associated therewith, whether known or unknown to me at this time. I acknowledge and certify that I am fit to ride in this event, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I hereby consent to medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event.
2. In consideration of permitting me to participate in the event, I release the following entities and/or persons and their directors, officers, employees, and agents from responsibility for my accidental physical injury, including death or illness, and loss of, or damage to, personal property while participating in this event: EMAS Canada and any other event holders, sponsors, directors, and volunteers. This release is also intended to include all claims made by my family, estate, heirs, personal representative, or assigns. I acknowledge and certify that I will indemnify and hold harmless the entities and/or persons mentioned in this paragraph from any and all liability and/or claims made by other individuals and/or entities as a result of my actions during the event.

Photo Release

3. I hereby grant permission to EMAS Canada the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of EMAS Canada by placing a tick in the checkbox.

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COVID19

4. I verify that I have not been diagnosed with COVID19 and that I do NOT have nor have had any of the following symptoms of COVID19 in the past 14 days: Coughing or shortness of breath or difficulty breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I recognize that a national emergency was declared because of the COVID-19 outbreak and that different provinces and/or counties/cities may be in various states of emergency. I recognize that even if EMAS Canada has taken reasonable actions considering COVID-19 and other coronaviruses, there is no guarantee that I will not contract/transmit COVID-19 while participating, or traveling to and from, the Event and I release EMAS Canada in the event of such an occurrence. The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High-Risk criteria, please acknowledge your understanding and willingness to accept this risk and release EMAS Canada from any and all liability should you become ill during any part of this Event.

Acknowledgment and Agreement

By checking the box below, I confirm that I have read, understood, and agree to the terms and conditions outlined in this form. I acknowledge that this action serves as my electronic signature and carries the same effect as signing this form in writing.

☐ I have read, understood, and agree to the terms and conditions outlined above.

Signature of Participant

Printed Name of Participant

Date (mm/dd/yy)
