

This Event Will be a Regional Event Hosted by POEM Recreation Council

# Winter Tubing River Valley Tube Slide

## Date Dec 29/22

From 4:00p.m. until 6:00p.m.!!! Max 1 1/2 hrs



(Deadline to Register is Dec 18/22)



Cost is \$25/person/1 1/2hrs max

(This will include parties of 100 or more members, family or friends, the tube park will open exclusively with two hours of snow tubing)

- **NO LATE CHEQUES WILL BE ACCEPTED**
- **No Post Dated Cheques will be Accepted (must have by 12/18/22)**
- **All Participants Must Sign a Waiver**
- **Certified Cheque or LOCAL UNION CHEQUE OR Email money transfer MADE PAYABLE TO RUTH WAGNER [ruthelainewag@hotmail.com](mailto:ruthelainewag@hotmail.com) ONLY WILL BE ACCEPTED**
- **Mail Registration Form, Waiver and Entry Fee To: Ruth Wagner, 73189 Vivian Line 37 Stratford On N5A 0A5**
- **Contact Person: Email [ruthelainewag@hotmail.com](mailto:ruthelainewag@hotmail.com)**
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PLEASE READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM INDEMNITY IN RELATION TO THE ACTIVITY DESCRIBED HEREIN

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY

By signing this document I declare that I am aware that my participation in the (Tubing) to be held (Dec 29/22) (the "Activity") to be held at River Valley Tubing, St. Mary's (the "location") involves risks and dangers to myself including, but not limited to, potential injury, death, personal property damage and economic loss resulting directly or indirectly from any of these (the "Risks"). I further declare that I understand that my participation in the Activity may result either directly or indirectly in injury, death, personal property damage and economic loss to a third party for which I would be responsible (the "Responsibilities").

BY SIGNING THIS DOCUMENT, WITHOUT WHICH I CANNOT PARTICIPATE IN THE ACTIVITY, I personally accept and assume all Risks and Responsibilities and agree to the following:

1. I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Unifor and/or any Unifor Local and/or any Unifor Council, and/or their respective directors, officers, employees, trustees, representatives, and agents (collectively the "RELEASEES") in relation to the Risks and/or Responsibilities and/or my presence at or on my way to or from the Location;
2. I RELEASE THE RELEASEES from any and all liability for any and all claims that I or my next of kin may have against the Releases as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
3. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liability for claims that any third party may have against the Releases as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
4. I AGREE THAT THIS RELEASE SHALL BE EFFECTIVE EVEN IN THE EVENT THERE IS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ONTARIO'S OCCUPIERS LIABILITY ACT OR SIMILAR LEGISLATION IN ANY PROVINCE, ON THE PART OF THE RELEASEES;
5. I AGREE THAT THIS RELEASE shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
6. I AGREE THAT THIS RELEASE shall be governed by and interpreted in accordance with the laws of the province in which the Location is situated; and
7. I AGREE THAT ANY LITIGATION resulting from my participation in the Activity and/or my presence at or on my way to or from the Location shall be brought in the province in which the Location is situated.

By signing this document, I am not relying upon any oral or written representations or statements made by the Releases other than what is set forth in this release.

I have read and understood this document. I acknowledge that by signing this release I am waiving certain legal rights which I or my heirs, successors, executors, or administrators etc. may have against the Releases. PRINT NAME CLEARLY SIGNATURE DATE

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7. I AGREE THAT ANY LITIGATION resulting from my participation in the Activity and/or my presence at or on my way to or from the Location shall be brought in the province in which the Location is situated.

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I have read and understood this document. I acknowledge that by signing this release I am waiving certain legal rights which I or my heirs, successors, executors or administrators etc. may have against the Releasees.

Name (Print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_