

KASLO RUN CLUB LIABILITY WAIVER AND RELEASE

1. Assumption of Risk

I acknowledge that running and participating in group runs organized by Kaslo Run Club (the “Club”) is a potentially hazardous activity. I understand that I am voluntarily participating in these activities at my own risk and assume all risks associated with running, including but not limited to falls, contact with other participants, traffic and road conditions, weather hazards, physical exertion, overuse injuries, strains, sprains and anything musculoskeletal of that kind and encounters with wildlife or other animals while trail running. I understand that trail running may expose participants to wild animals such as bears, cougars, snakes, or other potentially dangerous wildlife, and I accept all risks associated with such encounters.

2. Waiver and Release of Liability

In consideration of being permitted to participate in the Club’s activities, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby waive, release, and discharge the Club, its organizers, officers, volunteers, sponsors, and affiliates from any and all claims, liabilities, damages, or causes of action, including but not limited to those arising from negligence, that may occur as a result of my participation in any social or field trip run organized by the Club.

3. Health and Fitness Certification

I certify that I am physically fit and have no medical conditions that would prevent my safe participation in running activities. I understand that it is my responsibility to consult with a physician before engaging in any physical activity.

4. Personal Responsibility

I understand that I am responsible for my own safety and well-being during all Club activities. I agree to follow all local traffic laws, safety guidelines, and instructions provided by Club organizers. I acknowledge that if participating in a trail run, I should be aware of my surroundings, take appropriate precautions for wildlife encounters, not wear headphones or earbuds and follow best practices for trail safety. I understand that the Club is not responsible for providing medical assistance, and I agree to seek medical attention if needed.

5. Media Release

I grant permission to the Club to use my name, likeness, and any photographs or videos taken during Club activities for promotional, educational, or informational purposes, without compensation.

6. Minor Participation and Parental Consent

If the participant is under the age of 19, a parent or legal guardian must sign this waiver on their behalf. By signing below, the parent or guardian acknowledges that they have read and understood this waiver and assume full responsibility for the minor's participation in Club activities. The parent or guardian further agrees to release and hold harmless the Club, its organizers, officers, volunteers, sponsors, and affiliates from any and all claims, liabilities, damages, or causes of action arising from the minor's participation.

7. Duration of Agreement

I understand that this waiver remains in effect for the entire duration of my participation with the Club and applies to any social or field trip run I attend. This waiver will continue to be in force until I provide written notice that I no longer agree to its terms.

8. Severability

If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

9. Governing Law

This waiver shall be governed by the laws of British Columbia, Canada, and any disputes shall be resolved in the courts of British Columbia.

By signing below, I confirm that I have read, understood, and voluntarily agree to this waiver and release of liability.

Participant Signature

Participants 19 & Older	Participants Under 19
Participant Name: _____	Minor Participant Name: _____
Email: _____	Parent/Guardian Email: _____
Participant Signature: _____	Parent/Guardian Name: _____
Date: _____	Parent/Guardian Signature: _____
Emergency Contact Name: _____	Date: _____
Emergency Contact Phone: _____	Emergency Contact Name: _____
Date of Birth (DOB): _____	Emergency Contact Phone: _____
	Date of Birth (DOB): _____