



\_\_\_\_\_  
Event

\_\_\_\_\_  
Date

# Consent and Acknowledgement of Risk

This form must be submitted to the JRBAA prior to the date of the event.

**Participant name:** \_\_\_\_\_

IN CONSIDERATION of the right to attend and participate in the above specified JRBAA event, the Participant (and, if the Participant is a minor, their legal guardian) hereby:

1. Agree to abide by all rules and regulations established by the JRBAA and the JRBAA Leadership.
2. Authorizes the JRBAA or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby, accepts the responsibility to pay for such treatment;
3. Grants to the JRBAA for any purpose connected with promoting the purposes and goals of the JRBAA, not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings, of the Participant while they are participating in the Activities and any biographical information submitted by the Participant to the JRBAA, and to use, reproduce, publish, and distribute the same;
4. Acknowledgment that there is an element of risk involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the activities; assumes all risk of financial responsibility for any loss or injury to the Participant or others that may occur as a result of Participants negligence or misconduct; releases the JRBAA, its officers, Trustees, employees and/or agents from any loss of injury to the Participant that may occur as a result of negligence or misconduct of any persons or entities other than JRBAA, its officers, Trustees, employees and/or agents; from and against any and all costs, claims, demands, charges, liabilities, obligations, judgment, execution, costs of suit and actual attorney's fees incurred or suffered by the JRBAA, its officers, Trustees, employees and/or agents as a result of, or arising out of, the Participant's negligence or misconduct.

This Consent and Acknowledgment of Risk form shall not be amended, supplemented, or abrogated without the written consent of the JRBAA Office in Coquitlam, British Columbia. The Participant (and, if the Participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk and understands its content.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Parent of Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date