

## The Ultimate Adventure - Participant Registration Form 2008

Last Name				First Name			
Address		City		Province		Postal Code	
E-Mail Address				Circle One	Male	Female	
Daytime Phone Number				Evening Phone Number			
Fax Number				I am 16 years of age or older	Yes	No	
Team Name				Are you the team captain?	Yes	No	
Other Team Member Names:							
Emergency Contact Name				Emergency Contact Phone Number			
Do you have any special meal requirements?	Yes	No		Details...			

- No, I do not wish to receive information on fundraisers and special events.
- Yes, I would like to receive information on volunteer opportunities.

### Agreement, Release and Indemnity

Please read carefully.

I agree that at all times during **The Ultimate Adventure** and associated events my safety remains my sole responsibility. I am aware of the risks of participating in **The Ultimate Adventure** and assume all such risks.

I give full permission for the use of my name and photography by Bryony House in connection with **The Ultimate Adventure**.

In Consideration of the acceptance of my application to participate in **The Ultimate Adventure**, I for myself, my heirs, administrations and legal representatives RELEASE, WAIVE AND FOREVER DISCHARGE expenses in respect of any death, injury, loss or damage to my person or property which may be suffered or sustained in any manner as a result of my participation in **The Ultimate Adventure** and against all liability incurred by any or all of the parties arising as a result of my participation in **The Ultimate Adventure**.

By Submitting this entry I acknowledge having read, understood and agreed to the above.

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Please fax to Anita, Fund Development Coordinator, Bryony House, 429-0954