BARNES CORNERS SNO-PALS INC.

WAIVER AND RELEASE

NAME: _____EMAIL:_____

ADDRESS:_____

Phone:_____Date of Birth_____

A SIGNED RELEASE COVERING ALL ENTRANTS IS REQUIRED. The release must be signed by entrant or parent or guardin of any entrant who is a minor.

RELEASE Aceptance of my entry in this event is without assumption or responsibility of any kind by the Club holding the event in which I may be entered or may participate. In consideration of the acceptance of my entry I do hereby for and behalf of myself, and my heirs and y my legal repersentatives release and forever discharge the Club, its Officers committes and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and all claims are hereby waived and released, and I covenant not to sue therefore.

Signature of Entrant **Date** **Signature of Parent of Guardian** **Date**

MEDICAL RELEASE: I hereby concent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of my entry I hereby agree to abide by all rules and regulations of the Club

SIGNATURE OF ENTRANT **DATE** **SIGNATURE OF PARENT OF GUARDIAN** **DATE**

FOR PARTICIPANTS OF MINORITY AGE
UNDER AGE 18 AT THE TIME OF REGISTRATION

This is to certify that I ,as parent/guardian with legal responsibility for this participant, do hereby and agree to his/her release as provided above of all Releasesees, and for myself,my heirs assigns, and next of kin, I release and agree to indemnifyand hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these programs as provided above.EVEN IF ARISING FROM NEGLIGENCE, to the fullest extent permitted by law.

TO REGISTER FOR DRAWING OF 2014 CAN AM 650 OUTLANDER XT
COMPLETE THE INFORMATION BELOW IN FULL..GOOD LUCK

(PARENT/GUARDIAN SIGNATURE)

EMERGENCY PHONE NUMBER (_____) _____ - _____

DATE SGNED_____

CUT OUT-DEPOSIT IN DRAWING BOX

E-MAIL ADDRESS

NAME

ADDRESS

PHONE (_____) _____ ----_____