LIABILITY WAIVER AND RELEASE
CITY OF SARNIA AND KINSMEN CLUB OF SARNIA
FOR PARADE PARTICIPANTS

I, the undersigned, in consideration of my participation in the SANTA CLAUS Parade, do hereby release and discharge the City of Sarnia and the Kinsmen Club of Sarnia, as well as their respective elected officials, officers, directors, employees, volunteers, partners and contractors, jointly and severally, from any and all liability for personal injury accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of, or resulting from, participation in the said Parade.

I expressly assume ALL risks of my participation in the Parade, including, without limitations, injury as a result of the acts of omission by any of the above-named parties, or some defect in, or on, their property of any of them, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or intentional misconduct on the part of the City of Sarnia or the Kinsmen Club of Sarnia, or their employees.

I agree to indemnify, save, hold harmless and define the City of Sarnia and their respective elected officials, officers, directors, employees, volunteers, partners and contractors, of and from any and all loss, damages, expenses, costs, and attorney's fees arising out of, or resulting from, my participation in the Parade, including but not limited to any damages arising out of negligent or intentional conduct of other participants or other third parties. I UNDERSTAND THAT THE CITY IS NOT RESPONSIBLE FOR THE SUPERVISION OF PARADE.

I certify that any vehicle(s) which will be driven by me (if any) in the Parade have insurance which conforms to the laws of the Province of Ontario and that I have a current valid driver's license.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND THAT, IF SIGNING ON BEHALF OF AN ORGANIZATION, I AM AN AUTHORIZED AGENT OF SAID ORGANIZATION WITH THE POWER TO BIND AND CONTRACT ON BEHALF OF SAID ORGANIZATION.

Signature: _____ Date:_____

Printed Name:_____

(Participant or parent/guardian (if under 18)