



Maple Ridge—Pitt Meadows Agricultural Association
P.O. Box 403, Maple Ridge, B.C. V2X 8K9
Ph: 604-463-6922

- WAIVER OF CLAIM -

DATE: _____

NAME: _____ (Please Print)

ADDRESS: _____

TEL(HOME) _____ BUS _____

EMAIL: _____

In consideration of the undersigned being permitted to participate in any events carried on, sanctioned and/or sponsored by the MAPLE RIDGE/PITT MEADOWS AGRICULTURAL ASSOCIATION and _____ their officer, agents, officials, servants, heirs and successors, organizers, and representatives from and against all claims, actions, costs, expenses and demands whatsoever concerning death, injury, loss or damage to the undersigned by virtue of his or her participation in said events, howsoever caused and, regardless of whether same may have contributed to or occasioned by the negligence of the said bodies, or any of them, their agents, organizers, officials, servants or representatives and each of the last mentioned parties shall be deemed to be a party to this agreement as if the MAPLE RIDGE/PITT MEADOWS AGRICULTURAL ASSOCIATION were acting as each part's agent or trustee.

Therefore consequently it is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns and that I have read and fully comprehend this agreement.

Signature of parent or guardian for legally under aged minors

Signature of Witness

Print

Signature of Participant

Print

Received on behalf of MRPMAA

Date