



Participant's Release and Waiver of Liability

Rouge Valley Health System Foundation Anniversary Bed Race Event

I, _____ (print name) understand and accept that there may be risk of injury associated with my participation in the **Rouge Valley Health System Foundation (RVHSF) and Scarborough Town Centre Bed Race Event.**

- 1) I agree that the **Scarborough Town Centre, the Rouge Valley Health System and Rouge Valley Health System Foundation** are not responsible for any bodily injury, loss or damage to personal property, suffered by me, before, during or after participating in the **Bed Race Event**. I further release **Scarborough Town Centre, Rouge Valley Health System and the Rouge Valley Health System Foundation and its agents, employees and directors** from liability of any personal injury and/or loss or damage that I may suffer as a result of my participation in the Bed Race Event which is being held at Scarborough Town Centre on May 25, 2012.
- 2) I warrant that I am physically fit and have no medical condition that would prevent my full participation in the **Bed Race Event**.
- 3) I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the **Rouge Valley Health System Foundation and Scarborough Town Centre Bed Race Event**.
- 4) I agree to release the **Rouge Valley Health System, the Rouge Valley Health System Foundation, and the Scarborough Town Centre, and their agents and employees** from all responsibility in connection with my use of ANY equipment for the **Bed Race Event**.
- 5) I have read the above release and waiver of liability, and fully understand its contents. I have had the opportunity to ask questions and receive answers prior to signing this form. I voluntarily agree to the terms and conditions stated above.

Participant's Signature: _____

Date: _____



SCARBOROUGH
TOWN CENTRE