



EMAS
CANADA

EMAS CANADA
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2026 RIDE/WALK FOR MYANMAR

Acknowledgement of Inherent Risk, Waiver and Release, and Indemnification Agreement

1. I acknowledge and understand that there are inherent risks associated with participating in the EMAS Canada Ride/Walk for Myanmar, **on October 17, 2026**. Including, but not limited to, those caused by terrain, facilities, temperature, weather, conditions of the athletes, equipment, vehicular traffic, actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I will assume all of the risks associated therewith, whether known or unknown to me at this time. I acknowledge and certify that I am fit to participate in this event, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.
2. In consideration of permitting me to participate in the Event, I release the following entities and/or persons and their directors, officers, employees, and agents from responsibility for my accidental physical injury, including death or illness, and loss of, or damage to, personal property while participating in this race: EMAS Canada and any other event holders, sponsors, directors, and volunteers. This release is also intended to include all claims made by my family, estate, heirs, personal representative, or assigns. I acknowledge and certify that I will indemnify and hold harmless the entities and/or persons mentioned in this paragraph from any and all liability and/or claims made by other individuals and/or entities as a result of my actions during the Event.

Photo Release

3. I hereby grant permission to EMAS Canada the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of EMAS Canada by placing a tick in the checkbox. ☐
4. I accept that EMAS Canada holds the right to cancel the event in case of adverse weather conditions and/or other advisories. The organizers will endeavour to contact me in reasonable time via phone calls/text messages using contact information on this form.

X

/ /

Signature of Participant

Printed Name of Participant

Date (M/D/Y)

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

DATE OF BIRTH: _____

Please check the following:

- ☐ I'm riding for 10 KM
- ☐ I'm riding for 25 KM
- ☐ I'm walking for 5 KM
- ☐ I'll join lunch and fellowship (12:30 PM - 2:00 PM)

If you would like to receive further information and communication from EMAS Canada, please provide your email address here, otherwise your contact info will only be used for purposes of this event.

EMAIL: _____

Education, Medical Aid and Service