



## Kal Lake Open Water Swim Clinic Waiver and Consent 2025

ACROSS THE LAKE SWIM USE

LAST NAME

CAP #

This Waiver is an important document. ***By signing it you are affecting your legal rights.*** Please read this Waiver carefully and understand it before signing.

I plan to take part in the Across the Lake Swim Open Water Swim Clinic at Kal Beach in Coldstream BC on August 9<sup>th</sup>, 2025.

In consideration for being permitted to participate in the Across the Lake Swim Open Water Swim Clinic, I bind myself, my executors, administrators, heirs, next of kin, successors and any other person who may claim or sue on my behalf, to acknowledge, agree, certify, represent, assign, release, waive, and discharge according to the following for all clinics that I attend:

### **Acknowledgments**

1. I acknowledge that participating in swim competitions, including the Across the Lake Swim Open Water Swim Clinics (ATLSOWSC) is a test of physical and mental ability and carries the potential for serious personal injury, death, and property loss.
2. I acknowledge that there are risks associated with participating in the ATLSOWSC (the "Risks").
3. I acknowledge that the Risks may result in death or serious personal injury.
4. The Risks include but are not limited to the following:
  - a. exhaustion;
  - b. dehydration;
  - c. drowning;
  - d. inhalation of water;
  - e. collision or contact with individuals;
  - f. collision or contact with boats, course markers, obstacles, or other hazards;
  - g. effects of the weather conditions including the effects of rain, lightening, temperature, and humidity;
  - h. effects of the conditions of the water, including the effects of the temperature of the water;
  - i. defects in my personal equipment or equipment or services provided to me by,
    - i. the Across the Lake Swim,
    - ii. any third party;
    - iii. any other person, individually, group, club, association, society, company or otherwise that is involved in the organization or administration of the ATLSOWSC, whether by way of volunteering or otherwise,
    - iv. individuals watching the ATLSOWSC as spectators,
    - v. persons participating in the ATLSOWSC, or
    - vi. persons providing medical services for the ATLSOWSC whether by way of volunteering or otherwise; (the "Affiliates")
  - a. hazards created by the acts, omissions, or presence of the Affiliates; and
  - b. the negligent acts of the Affiliates.
5. ACKNOWLEDGE, APPRECIATE AND ACCEPT by my own free will all of the risks, and any other risks, hazards, or dangers arising from my participation in the ATLSOWSC.

### **Certifications and Representations**

6. I certify and represent that I,
  - a. am physically fit and have no pre-existing medical conditions;
  - b. have reasonably trained to participate in the ATLSOWSC; and
  - c. have not been advised by a qualified health professional against participating in the ATLSOWSC.

### **Consents and Authorizations for Medical Matters**

7. I consent to receiving basic medical treatment ("Basic Treatment") at any ATLSOWSC, and at any reasonable location, for the purpose of treating or relieving any injury, illness, or other medical condition that I may suffer during the time that I am,
  - a. participating in the ATLSOWSC;
  - b. at the location of the ATLSOWSC, whether or not I am participating in the ATLSOWSC; and
  - c. traveling to or from the ATLSOWSC (the "Treatment Period")
8. Basic Treatment includes the following:
  - a. first aid;
  - b. emergency treatment;
  - c. CPR; and
  - d. other treatment including physiotherapy and massage therapy.
9. I authorize any medical expert ("Medical Expert") to perform any other medical treatment ("Medical Treatment") on me for the purpose of treating or relieving any injury, illness, or other medical condition that I may suffer during the Treatment Period.
10. A Medical Expert is any of the following:
  - a. a licensed medical practitioner;
  - b. a paramedic;
  - c. a hospital;
  - d. a first aid attendant;
  - e. a lifeguard; or
  - f. any other medical or health-care facility.
11. Medical Treatment includes any Basic Treatment and any other treatment that a Medical Expert determines is appropriate in order to treat or relieve any injury, illness, or other medical condition that I may suffer during the Treatment Period.
12. I acknowledge the possibility and ASSUME THE RISKS associated with complications and unforeseen consequences resulting from Basic Treatment, Medical Treatment and any other medical procedure that I may receive.
13. I acknowledge that no warranty is made as to the results of any Basic Treatment, Medical Treatment or any other medical procedure that I may receive.

### **Waiver and Release**

14. I ASSUME by my own free will all of the Risks, and any other risks, hazards, or dangers arising from my participation in the ATLSOWSC.
15. I WAIVE, RELEASE, AND DISCHARGE the Society from any and all law suits, claims, losses, and liabilities arising from,
  - a. the Risks;

- b. any other risks, hazards, or dangers arising from my,
    - i. participation in the ATLSOWSC;
    - ii. presence at the location of the ATLSOWSC, whether or not I am participating in the ATLSOWSC; and
    - iii. travels to and from the ATLSOWSC.
16. I WAIVE, RELEASE, AND DISCHARGE the Across the Lake Swim from any and all law suits, claims and liabilities arising from losses that include but are not limited to the following:
- a. Death;
  - b. personal injury;
  - c. partial or permanent disability;
  - d. property damage;
  - e. medical or hospital bills;
  - f. theft or damage of any kind; and
  - g. economic loss.
17. I AGREE not to sue or claim against the Across the Lake Swim for any of the law suits, claims, losses, and liabilities that I have accepted, waived, released or discharged in this Waiver.
18. I INDEMNIFY AND HOLD HARMLESS the Across the Lake Swim, District of Coldstream, and City of Vernon from any and all claims made by me or liabilities assessed against the Across the Lake Swim as a result of,
- a. my actions, inaction or negligence;
  - b. the actions, inaction or negligence of all others including the Affiliates;
  - c. all of the Risks, and any other risks, hazards, dangers, or causes arising from my,
    - i. participation in the ATLSOWSC;
    - ii. presence at the location of the ATLSOWSC, whether or not I am participating in the ATLSOWSC; and
    - iii. travels to and from the ATLSOWSC.

#### **Waiver and Release - Photographic Images and Testimonials**

19. I grant the Across the Lake Swim:
- a. Copyright and/or use of my photographic images and/or video and/or testimonials in various forms of media, including printed or multi-media materials used by the Society to assist in publicity, promotion, marketing and/or educational purposes
  - b. The permission to identify me by name, and such identifiers such as company name, date, hometown (if applicable).  
I hereby realize and accept that I am participating on a voluntary basis and will not receive financial compensation from the photographer/videographer, from the Across the Lake Swim or any firm publishing and/or distributing the finished product.

#### **Conditions**

1. It is a condition of my entry to and my participation in the ATLSOWSC that I READ AND SIGN this Waiver.

#### **Miscellaneous**

- 2. I AGREE to abide by the competition rules, as they may be amended from time to time, and
- 3. The courts of the Province of British Columbia have jurisdiction to entertain any complaint, demand, claim or cause of action whether based upon alleged breach of contract or alleged negligence between myself and the Across the Lake Swim.
- 4. I hereby agree that if I commence any legal proceedings against the Across the Lake Swim, I will commence such legal proceedings in the Province of British Columbia and only in the Province of British Columbia and I hereby submit to the jurisdiction of the courts of the Province of British Columbia.
- 5. By signing this Waiver, I bind myself, my executors, administrators, heirs, next of kin, successors and assigns and any other person who may claim or sue on my behalf.

#### ***This Section is for ADULTS (19 years and older)***

I CONFIRM THAT I AM TODAY NINETEEN (19) YEARS OF AGE OR OLDER, HAVE AGREED TO ENTER INTO THE ATLSOWSC AND SIGN THIS DOCUMENT OF MY OWN FREE WILL AND DESIRE; AND I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

#### ***This Section is for MINORS (under 19 years of age)***

I am the parent or legal guardian of the minor named in this Waiver (the "Minor"). I acknowledge that I have executed this waiver for and on behalf of the Minor. And I bind myself and the Minor in relation to all the matters referred to in this Waiver.

MINOR'S NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE of PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN PHONE #: \_\_\_\_\_ MINOR PHONE #: \_\_\_\_\_

#### **IMPORTANT! YOUR EMERGENCY CONTACT:**

Name:

Phone #: (                      )

Alternate Phone #: (                      )