



E-mail: foundation@edenhealthcare.ca Website: www.edenhealthcare.ca

Participant Waiver Form

In consideration of the acceptance of this form and the permission to participate in Winkler Tractor Trek, I hereby for myself, my heirs, administrators, and assigns, release, waive and forever discharge Eden Foundation and its associated companies and its respective employees, agents and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said event, whether as a spectator or participant or otherwise, whether prior to, during or subsequent to the event and not withstanding that same may have been contributed to or occasioned by the negligence of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify all of Eden Foundation and its associated companies and its respective employees, agents, and representatives from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected to my participation in the said event.

I declare that I have a valid driver's license and will follow all rules of the road and guidelines outlined by event organizers.

It is to be understood that no tractors nor tractor drivers are covered by the Eden Health Care Services / Eden Foundation Liability Insurance.

By agreeing to these conditions, I have acknowledged that I have read, understood and agreed to the above Waiver, Release and Indemnity. I warrant that I am physically fit to participate in this event.

Whereas for valuable consideration hereby acknowledged as received, I grant the Photographer(s) permission to photograph me and those minors in my charge and thereafter to use the photographs in whole or in part solely for the promotional purpose of the Eden Companies.

Name (Please print)	
Signature	