



sneeuwsport  
vlaanderen

# Waiver Belgian Open 2019



I acknowledge that snowboarding is an extreme test of a person's physical & mental limits & carries with it the potential for death, serious injury, or property loss. I hereby assume full responsibility for the risks of ; bodily injury, death & or property damage as a result of participating, officiating, observing, working for, or otherwise being involved in this snowboarding event whether caused by negligence of another or otherwise. I have read the rules and regulations from the organizing committee and I agree with it.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors & assigns

- A) I waive, release & discharge from any & all claims or liabilities for death or personal injury or damages of any kind, which arise out of, or relate, to my participation in, observation of, work for, or any other involvement in the event, whether caused by the negligence of the following persons or entities or otherwise; Organizing Committee, the promoters, participating, coaches, operators, officials, sponsors, advertiser, owners & lessees of the premises used to conduct an event & the officers, directors, employees, representatives & agents of any of the above.
- B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein.
- C) I indemnify & hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I hereby authorize a licensed physician, emergency medical technician, hospital or other medical or health care facility to treat me for the purpose of attempting to treat & relieve any in-juries received arising out of relating to "OC" snowboarding event. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anaesthesia as deemed advisable. I realize & appreciate that there is a possibility of complications & unforeseen consequences in any medical treatment & I assume any such risk for & on behalf of myself.

In the event that any provision(s) of this waiver is determined by a court of competent jurisdiction to be invalid & unenforceable the remaining terms & provisions herein shall continue in full force & effect.

I hereby affirm that I am eighteen (18) years of age or older, I have read & voluntarily signed this document & I understand its contents.

Signature.....Date : .....

Name: .....

Full Address: .....