

**MATTERHORN MADNESS**  
1600 m Basecamp to Summit  
www.matterhornmadness.ca



In support of:



Saturday, July 6<sup>th</sup> 2024  
Mount Baldy  
Thunder Bay, ON

**TEAM NAME (Please indicate here if Solo):** \_\_\_\_\_

Main Team Leader/Contact \_\_\_\_\_ Total # people on your team \_\_\_\_\_

**Participant Information:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ phone number \_\_\_\_\_

**Registration is \$50/person before June 1<sup>st</sup>, \$70/person After June 1<sup>st</sup> \$100/person After July 1<sup>st</sup>**

Paid By (circle one): CASH      CHEQUE (made payable to Roots Community Food Centre)

**If you want to pay by credit card bring this form to Roots Community Food Centre (450 Fort William Rd)**

**T-shirts are optional but awesome! Add \$25**

**Matterhorn Madness T-shirt Option – Awesome Cotton, unisex T-shirt designed and printed locally!**

**ADD \$25      Size:**  XS  S  M  L  XL  XXL

TOTAL REGISTRATION- REGISTRATION FEE + TSHIRT (\$25): \_\_\_\_\_

**DROP OFF COMPLETED FORMS, WITH PAYMENT AND WAIVER SIGNED (ON THE BACK) TO EITHER:**

**ROOTS COMMUNITY FOOD CENTRE – 450 FORT WILLIAM RD, MON – FRI 8:30 – 4:30  
FRESH AIR EXPERIENCE – 710 BALMORAL ST, OPEN 7 DAYS A WEEK, VARIOUS HOURS**

# MATTERHORN MADNESS – 2024 WAIVER

## Grant of Non-Revocable License

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I hereby grant ROOTS COMMUNITY FOOD CENTRE a non-revocable license to use any images(s), whether photograph(s) or video(s), taken of me or containing me in them and while in the course of my involvement and/or participation with/in this event, as above-named, and to use my name, image(s) and any comments that I have made about this event, as above-named, in the promotion of this event and/or the promotion of Roots to Harvest through a variety of mediums, including print, online, newspaper or television.

## Acceptance of Risk and Agreement of Release and Waiver of Liability

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As a participant in the above-named event, "MATTERHORN MADNESS," I recognize and acknowledge that this event may be an extreme test of my physical and/or mental abilities and hereby certify that I am fit to participate in any and all activities connected with or associated with this event and that such determination of fitness has been made by a duly qualified medical professional.

I further recognize and acknowledge that, by participating in this event, I am being subjected to certain risks of physical injury including but not limited to death which may arise from accidental contact, falling or other causes.

I therefore agree to assume responsibility for any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this event, except if caused by the sole negligence of ROOTS COMMUNITY FOOD CENTRE. I hereby release, waive and discharge ROOTS COMMUNITY FOOD CENTRE, its directors, officers, shareholders, employees, event organizers or agents from any and all liability, claim, damages and losses arising out of any loss, damage or injury that may be sustained by me or to any property belonging to me while participating in this event or any and all activities connected with or associated with this event.

It is my express intent that this Acceptance of Risk and Agreement of Release and Waiver of Liability shall bind me and any and all members of my family, my heirs and my assigns.

This agreement shall be construed in accordance with the laws of the Province of Ontario and, should any portion of this agreement be determined by a court of competent jurisdiction to be in contravention of such laws, such portion is to be considered null and void and having no force and effect, the rest of the agreement, following such determination, remaining unaffected.

I further agree that participation in this event is at my own discretion and judgment. I further understand that, should Roots to Harvest discover that I have not satisfied any one of these requirements, or that I am either attempting to participate or are participating in any and all activities connected with or associated with this event while intoxicated, either as a result of having consumed, ingested or otherwise been administered, either voluntarily or involuntarily, alcohol or any other intoxicating substance, it may, at its own discretion, terminate my participation in this event.

I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and Agreement of Release and Waiver of Liability and I voluntarily sign this agreement.

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Name of Participant (PLEASE PRINT)	Date
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Signature of Participant	
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<i>If participant is under age 18:</i>	
As a legal guardian of	
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NAME (PLEASE PRINT)	Date
I consent to the above terms and conditions.	
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Name of Legal Guardian (PLEASE PRINT)	
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Signature of Legal Guardian	