

	<b>DIVERSITY HEALTH FAIR REGISTRATION FORM</b>  <b>Langley's International Festival</b> <b>August 8<sup>th</sup>, 2009</b> Douglas Park - 20550 Douglas Crescent, Langley, BC. <a href="http://www.internationalfestival.ca">www.internationalfestival.ca</a>	<b>OFFICE USE ONLY</b> Rec'd _____ Proc'd _____ Display Space ____
---	--	---

***A reminder - to make a copy of this form for your records. Thank you.***

**YOUR CONTACT INFORMATION** — *please print*

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

Business Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number (area code + number) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

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

Diversity Health Fair Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you give permission to having your photo's taken at the event and possibly being published in the newspapers, TV, or on our website?    YES        NO

LIFS will provide a 5' x 10' space (indoors) and one 8' table and chairs  
 Cost is \$50. per space (see attached map) on a first come fist served basis

Mail with this completed form to:  
**Langley's International Festival Society**  
 P.O. Box #7 - 20378 Fraser Highway  
 Langley, BC V3A 4G1

E-mail: [ckmorgan@telus.net](mailto:ckmorgan@telus.net)

No shows will be invoiced \$100 if you do not provide **two weeks** advance notice.

**Participants must submit a completed registration form, liability insurance (face page) and/or sign a waiver form (page 2) by mail or e-mail before June 30, 2009.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(2)

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR LANGLEY'S INTERNATIONAL FESTIVAL SOCIETY DIVERSITY HEALTH FAIR – AUGUST 8, 2009**

**NOTE:** BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ THIS CONTRACT CAREFULLY.

**ASSUMPTION OF RISKS:**

I am aware that participating in the Diversity Health Fair offered by, or associated with, Langley's International Festival Society on August 8, 2009, could expose me to many inherent risks, dangers and hazards. By becoming a participant offered by or associated with Langley's International Festival Society, I freely accept and fully assume all inherent risks, dangers and hazards, and the possibility of personal injury, death, property damage, or loss resulting there from.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT**

In consideration of Langley's International Festival Society – Diversity Health Fair permitting me to participate at this event, permitting me the use of equipment and permitting me the use of its facilities, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Langley's International Festival Society and their representatives, coordinators, and volunteers.
- 2. TO RELEASE** Langley's International Festival Society and/or their representatives from any and all liability for any loss, damage, injury, or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities offered by Langley's International Festival Society, due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE, AND/OR BREACH OF THE OCCUPIER'S LIABILITY ACT, R S 0 1990, C.0 2 ON THE PART OF** Langley's International Festival Society and their representatives.
- 3. TO HOLD HARMLESS AND INDEMNIFY** Langley's International Festival Society and their representatives from any and all liability for any property damage or personal injury to any third party, resulting from my activities and my participation in the activities offered by or associated with Langley's International Festival Society.
4. I also give my permission for the free use of my name and image in broadcast, telecast or other media accountable of the event/activity and for the promotional purpose of Langley's International Festival Society.
5. That this Agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns, in the event of my death.

**ALL PARTICIPANTS MUST FILL IN THEIR NAME, SIGN AND DATE THE FORM TO INDICATE THAT THEY HAVE READ AND UNDERSTOOD THE TERMS OF THE WAIVER.**

Group Organizer's Name: \_\_\_\_\_

**Participants:**

1) Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_