





8am – 3:30pm May 11, 2024, Saskatoon Police Service HQ (76 – 25th St East)

Registration					
Name:					
Address:					
Phone:					
Email:					
Demog	raphic: (check one)				
	17-24 :	25-34:	35+:		
Food Allergies:		Gluten-Free:	Vegetarian:		
	attending with a so please list who:				
	ng a friend, please ensure they	y also submit a registration			
If you have any questions for the Police Officer and Fire panel that will be speaking at the event, please note your question(s) below:					







WAIVER, RELEASE AND CONSENT

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

I <u>,</u>	, (the "Participant"), in	consideration of being allowed to
Participant's name [Please Print]		
attend and participate in EXPLORE on the	day of	, 2024 (the "Activity"), hereby,
for myself, my personal representatives, assign	ns, heirs and next of kin:	

- 1) FULLY ACCEPT AND ASSUME all risks associated with my attendance at, and participation in, the Activity. I assume all responsibility for any injuries, losses, or damages which I might sustain or incur as a result of my attendance at, or participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees named below, or in any other manner whatsoever.
- 2) KNOWINGLY, VOLUNTARILY, AND EXPRESSLY WAIVE any claim I may have against the Releasees named below for injury, loss or damages as a result of my attendance at, or participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees named below, or in any other manner whatsoever.
- 3) RELEASE, discharge, and covenant not to sue the Saskatoon Police Service, The Saskatoon Board of Police Commissioners, the City of Saskatoon, the Fire and Protective Services Department, other participants, and their respective members, officers, employees, servants, agents, contractors, volunteers, successors and assigns (collectively referred to herein as the "Releasees") from any and all claims, demands, damages, losses and causes of action which I have now or may have in the future in relation to, arising out of, or in any way connected with my attendance at, or my participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees, or in any other manner whatsoever. I further agree that if, despite this agreement, I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, losses, liabilities, judgments, damages, or costs which they may incur.

4) CONSENT AND AGREE to being photograp	phed, interviewed and/or videotaped by representativ
of media outlets (newspaper, television, radio, etc.), p	roduction companies, the Saskatoon Police Service, T
Saskatoon Board of Police Commissioners, the City	of Saskatoon, and/or the Fire and Protective Service
Department (collectively referred to herein as the "P	bublishers") during, or in relation to, the Activity. At
information or images obtained from the Activity may	y be reproduced by the Publishers for use in advertisin
publicity or educational activities, including but not l	imited to print and television news, social media or we
posts, videos, audio clips, podcasts, and publications	s including annual reports and business plans. I furth
agree that the information and images referred to above	ve (and any reproductions and/or digital records thereo
shall constitute the sole property of the Publisher wh	o created them. No compensation shall be provided
the Participant for the use of the information and ima	ges.
5) CONSENT AND AGREE to the Saskatoon Po	lice Service conducting a Criminal Record Check of n
at its own expense. I further acknowledge that, depend	ding on the results of the Criminal Record Check, I ma
not be allowed to attend and participate in the Activit	y.
Please list any medical conditions you have that may	limit your ability to participate in the Activity or mig
result in you needing assistance or medical attention	during the Activity:
I HAVE READ THIS AGREEMENT AND FU	ULLY UNDERSTAND ITS TERMS AND HAV
	DUCEMENT OR ASSURANCE OF ANY NATUR NCONDITIONAL RELEASE OF ALL LIABILIT
	LAW AND AGREE THAT IF ANY PORTION O
	O, THE BALANCE SHALL CONTINUE IN FUL
FORCE AND EFFECT.	
Dated at the City of Saskatoon, in the Province of Sas	skatchewan, this day of, 2024.
Signature of Dartiginant	Signature of Witness
Signature of Participant	Signature of Witness
Please print and sign - unless electronic signatures can be applied.	Print Name of Witness
	Print Name of Withese

I am (check one): _____ the sole legal custodian of the Participant; or ____ one of the legal custodians of the Participant and the other legal custodian also consents. I consent to the above terms and conditions on behalf of the Participant. (Please print and sign - unless electronic signatures can be applied) Signature of Legal Custodian Print Name of Legal Custodian

If the Participant is under 18 years of age: