



KIMI COSPLAY PICNIC 2019 REGISTRATION FORM

NAME: _____

PHONE: _____

EMAIL: _____

Will you be bringing other guests? _____ (Yes or No)

If your answer is yes, please indicate the names of your group members:

Note: Attendees for this event below 18yrs and under will need proof of parental consent

What dish will you be bringing to the event to share _____

Please describe what are in the contents of your dish:

_____.

In the event of an emergency, who should we contact?

CONTACT PERSON: _____

CONTACT #: _____

ADDITIONAL INFORMATION, WAIVER, AND DISCLAIMER:

BY SUBMITTING THIS FORM,

I/WE AGREE TO NOT HOLD ACCOUNTABLE KIMIKON, ITS PARTNERS, STAFF, AND AFFILIATES IN THE EVENT OF AN INJURY WHILE PARTICIPATING AT THE KIMI COSPLAY PICNIC EVENT, AND AGREE TO WAIVE ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, THAT I/WE MAY HAVE IN THE FUTURE AGAINST KIMIKON, ITS PARTNERS, STAFF, AND AFFILIATES, FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, EXPENSE OR INJURY INCLUDING DEATH THAT I/WE MAY SUFFER OR THAT MY/OUR FAMILY, HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, AND ESTATE MAY SUFFER AS A RESULT IN MY/OUR PARTICIPATION IN THE KIMI COSPLAY PICNIC

I/WE UNDERSTAND THAT IT IS AT OUR OWN UNDERSTANDING AND VOLITION THAT WE CONSUME THE FOOD THAT WILL BE SHARED AMONGST OTHER PARTICIPANTS AND SHALL NOT HOLD KIMIKON AND ITS AFFILIATES ABOVE FOR ANY, OR POTENTIAL HEALTH RISKS WHICH MAY RESULT FROM FOOD ALLERGY(IES) AND SIMILAR.

I/WE UNDERSTAND THAT THERE ARE POTENTIAL RISKS FOR INJURY AND, OR DAMAGE IN PARTICIPATION OF THIS RECREATIONAL EVENT, AND I/WE SHALL ADHERE TO THE RULES AND REGULATIONS OF CITY OF TORONTO PARKS AND RECREATIONS. I/WE UNDERSTAND THAT WE WILL TAKE RESPONSIBILITY FOR ANY DAMAGES CAUSED BY MINE/OUR WILLFUL NEGLIGENCE, HORSEPLAY, AND OR RECKLESSNESS.

BY SIGNING ON THE LINE BELOW, I ACCEPT THE TERMS AND CONDITIONS OF THIS WAIVER.

NAME: (PRINT) _____

SIGNATURE

DATE