

City of Kamloops Clean the Beach Program
ADULT Participation Sheet, Release and Waiver and
Acknowledgement of Risks



Location: River shorelines at Riverside Park and Overlanders Park
Date: April 19, 2026

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

The choice to participate in the Activities described below is made freely and with understanding of the associated benefits, risks, and responsibilities. This Consent and Acknowledgement Form must be completed and signed before the Participant is allowed to participate in any program offered by the City of Kamloops.

If you wish to participate in the City's Clean the Beach, (the "Program") including, without limitation, various program activities such as collecting litter from the beaches using pickers, gloves and other equipment during the day, attending the kick off and wrap up event, interacting with City staff and other people in relation to the program (the "Program"), you must—prior to participating—complete and sign this Participation Sheet, Release and Waiver.

By signing this document, you must be 19 years of age and you **ACKNOWLEDGE AND AGREE THAT YOUR PARTICIPATION IN THE Program INVOLVES CERTAIN INHERENT RISKS, DANGERS, AND HAZARDS, WHICH CAN RESULT IN SERIOUS PERSONAL INJURY, INCLUDING DEATH, PROPERTY DAMAGE, AND/OR OTHER LOSS.** You also agree to **WAIVE ALL CLAIMS AGAINST THE CITY OF KAMLOOPS** and **RELEASE THE CITY OF KAMLOOPS FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, EXPENSE, OR INJURY, INCLUDING DEATH, THAT YOU OR ANY OTHER PERSON MAY SUFFER, AS A RESULT OF OR IN CONNECTION WITH YOUR PARTICIPATION IN THE Event, due to any cause whatsoever, including negligence, breach of contract, or breach of statutory or other duty of care, including any duty of care owed under the *Occupiers Liability Act*, R.S.B.C. 1996, c. 337, on the part of the City of Kamloops, and also including the failure on the part of the City of Kamloops to supervise the Event or to safeguard or protect you from the risks, dangers, and hazards associated with your participation in the Event.**

DATE:

PRINT PARTICIPANT FULL NAME:

WITNESS TO SIGNATURE OF PARTICIPANT:

PARTICIPANT SIGNATURE:

X _____

X _____

PRINT NAME OF WITNESS:

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Your personal information is collected under the authority of s. 26(c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). This information will be used for purposes necessary and consistent with operation of the City's programs and/or activities. Questions about the collection and use of this information may be directed to *Ben Chobater Community Development Coordinator, bchobater@kamloops.ca*