

**COMOX VALLEY NEWCOMERS' ALUMNAE ASSOCIATION  
GUEST WAIVER AGREEMENT**

**EVENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I have read, understand, accept and agree to this agreement and release the COMOX VALLEY NEWCOMERS' ALUMNAE ASSOCIATION ("CVNAA") and its officers, executive members, organizers, volunteers and related parties from all legal responsibility for injury, damage, or loss that may occur in connection with my participation in any activity organized by the CVNAA.

**I understand that my participation in CVNAA activities is conducted at my own risk.** I am also aware that my participation in the activities may put me at an elevated risk of, including, without limitation, increased risks associated with the use of alcohol and the risk of contracting or being exposed to viruses, contagious diseases and/or other illnesses that may be present in the general population and/or in public spaces and that I nevertheless choose to participate in the activities and fully assume the risk of doing so I have read and agree to abide by the CVNAA [Safety Plans](#) and agree to follow the direction of the event convener.

I understand and consent to CVNAA retaining information related to this Guest Waiver Agreement for a period of up to three (3) years after signing notwithstanding [CVNAA's Privacy Policy](#).

I hereby release CVNAA, its officers, executive members, organizers, volunteers and all others from all legal responsibility or liability for injury, damage, or loss of any kind that may occur in connection with my participation in any CNVAA activity, including those that may be caused by the negligent act or omission of any of the above-named individuals or others acting on their behalf.

Print Name	Signature	(Cell/Phone #)	Email

**Witness Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**(Witness must be 19 years of age or older and unrelated)**