



Thanks again for joining City Mosaic 2017. LET'S EXPERIENCE TORONTO TOGETHER ON MAY 27!

For participant who is under 18 as of the date of registration,

Please ask your parent or legal guardian to sign & return this waiver form to Across U-hub before May 8, 2017 in order to complete the registration. Thank you.

Fax: 905-944-1950

Email: waiver@acrossuhub.com

City Mosaic 2017 Liability Waiver

I/We give permission for my/our child/ward to participate the City Mosaic to be held on 05/27/2017 08:30 AM - 07:00 PM. I/We have read and agreed the Event Registration Policy and Liability Waiver (refers to acrossuhub.com/event-registration-policy-and-liability-waiver). I/We agree to follow all reasonable safety advice and precautions set forth by Across U-hub and their agents during my participation in their program. I/We agree not to hold Across U-hub, their board members, committee members, staffs and volunteers liable for damages, losses, injuries or death as a result of such program. I/We acknowledge that my image may be recorded (by video or photograph) during the program. I understand and am giving permission for Across U-hub to use my name and image in broadcasts, newspapers, website images, program booklets, promotional materials and other media without compensation.

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| Team Name | |
| First Name (Participant) | |
| Last Name (Participant) | |
| Email Address | |
| Signature of Participant | |
| Name of Parent or Legal Guardian | |
| Signature of Parent or Legal Guardian | |
| Date | |