



**FOREIGN PARTICIPANT  
ACKNOWLEDGEMENT OF INSURANCE**

By signing below I certify that I have adequate medical / health insurance to cover and pay for any medical or other costs that may directly or indirectly result from my participation in Crankworx Whistler. Also, by signing below I understand that the Crankworx event organizers are not providing insurance coverage for me and that I am willing to take full financial responsibility for any and all medical costs incurred as a result of my participation this event.

Date: August , 2019

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**This form must be completed by all competitors that are not permanent residents or citizens of Canada.**