



PLAN IT. USE IT. EAT IT.

Schedule A

CONTEST RELEASE & ACKNOWLEDGEMENT

To: The winner of one Sobeys Gift Card worth \$250 in Love Food Hate Waste Canada’s Social Media Contest for Plan It. Use It. Eat It. (the “Contest”)

Please complete and sign this form before returning it to info@lovefoodhatewaste.ca

I _____ [full name] the undersigned, of

_____ [street name and number, unit number, if any] in the City of

_____, Province of _____, in consideration of having won one Sobeys Gift Card worth \$250 in the Contest, hereby agree as follows:

1. I accept the prize as awarded by Metro Vancouver Regional District (“MVRD”) and Sobeys Capital Incorporated (“Sobeys”);
2. I acknowledge that I have read and fully complied with the Contest Rules;
3. I recognize the fact that any breach of the Contest Rules will result in the immediate forfeiture of any prize that I have won;
4. I hereby release and forever discharge MVRD and Sobeys, and their respective directors, officers, employees, agents and any other persons acting for and on behalf of the MVRD or Sobeys in the Contest, of and from any and all actions, causes of action, claims, suits, demands, damages, interest, expenses or compensation of whatever kind, whether known or unknown, suspected or unsuspected, arising in law or in equity, including without limitation any matters arising in connection with participating in the Contest, receiving and making use of any prize awarded, and any errors or omissions in the offer or administration of this contest, including but not limited to errors in the advertising, the contest rules, the selection and announcement of the selected contestants or the distribution of any prize; and
5. This Release will be construed in accordance with and governed by the laws of the Province of British Columbia and the law of Canada in force in the Province of British Columbia.

Dated at _____ [City] in the Province of _____ this

_____ day of _____, 2019

Signed by: _____

Name: _____

If the winner is under the age of majority:

Signature of Parent or Guardian: _____

Name: _____