



ACKNOWLEDGEMENT AND WAIVER

PLEASE COMPLETE BOTH SIDES OF THIS FORM

I/WE UNDERSTAND THAT SKATEBOARDING, BMX RIDING, SCOOTER RIDING, INLINE SKATING AND ANY OTHER ACTIVITIES CARRIED OUT IN THE FACILITY ARE INHERENTLY RISKY SPORTS ACTIVITIES IN WHICH PARTICIPANTS MAY SUFFER SERIOUS INJURY OR DEATH.

I/WE FURTHER UNDERSTAND THAT THE RISK OF INJURY MAY ARISE FROM A VARIETY OF SOURCES INCLUDING BUT NOT LIMITED TO TERRAIN, EQUIPMENT, FACILITIES, TEMPERATURE, WEATHER, CONDITION AND ACTIVITIES OF PARTICIPANTS, SPECTATORS, OFFICIALS AND EVENT PERSONNEL.

I/WE HEREBY ASSUME ALL RISKS ASSOCIATED WITH ATTENDANCE AT OR PARTICIPATION IN EVENTS AT C.J. SKATEBOARD PARK & SCHOOL INCLUDING ORGANIZED COMPETITION, TRAINING, EDUCATION AND ALL OTHER ACTIVITIES ASSOCIATED WITH SKATEBOARDING, BMX RIDING, SCOOTER RIDING, INLINE SKATING AND ANY OTHER ACTIVITIES CARRIED OUT IN THE FACILITY. I/WE ALSO ACKNOWLEDGE THAT C.J. SKATEBOARD PARK & SCHOOL MAY FROM TIME TO TIME ENGAGE IN OUTINGS, INCLUDING TRIPS TO OTHER OUTDOOR PUBLIC SKATEPARKS, PUBLIC SWIMMING POOLS, OFFSITE DEMOS AND COMPETITIONS, AND I/WE AUTHORIZE SUCH OUTINGS.

I/WE HEREBY WAIVE ANY RIGHTS THAT MIGHT ACCRUE TO ME OR TO ANYONE ON WHOSE BEHALF I/WE AM SIGNING THIS WAIVER, INCLUDING A CHILD EITHER BY VIRTUE OF COMMON LAW, THE OCCUPIERS' LIABILITY ACT (ONTARIO) OR ANY OTHER STATUTE IN FORCE FROM TIME TO TIME TO SUE FOR DAMAGES SUSTAINED:

- A) AS A RESULT OF INJURY SUSTAINED OFFSITE OR ON THE PREMISES OF C.J. SKATEBOARD PARK & SCHOOL;
- B) DURING MY PARTICIPATION IN ANY EVENT OFFSITE OR AT C.J. SKATEBOARD PARK & SCHOOL; OR
- C) AS A RESULT OF THE USE OF ANY EQUIPMENT BELONGING TO C.J. SKATEBOARD PARK & SCHOOL

WHETHER OR NOT THE INJURY ARISES AS A RESULT OF THE NEGLIGENCE OF C.J. SKATEBOARD PARK & SCHOOL, ITS EMPLOYEES, AGENTS OR VOLUNTEER PARTICIPANTS. IN THE EVENT OF AN INJURY, C.J. SKATEBOARD PARK & SCHOOL WILL TAKE ALL REASONABLE STEPS TO CONTACT PARENT/GUARDIAN. IN THE EVENT THAT C.J. SKATEBOARD PARK & SCHOOL IS UNABLE TO CONTACT PARENT/GUARDIAN, PARENT/GUARDIAN AUTHORIZES C.J. SKATEBOARD PARK & SCHOOL TO CONTACT SUCH MEDICAL EMERGENCY PERSONNEL AS C.J. SKATEBOARD PARK & SCHOOL MAY THINK NECESSARY.

I/WE FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS C.J. SKATEBOARD PARK & SCHOOL FROM ANY CLAIMS MADE BY OR THROUGH ME BY THIRD PARTIES AGAINST C.J. SKATEBOARD PARK & SCHOOL.

I/WE FURTHER WARRANT THAT, IF I/WE AM SIGNING THIS WAIVER ON BEHALF OF A CHILD UNDER THE AGE OF 18 YEARS, I/WE AM A PARENT OR LEGAL GUARDIAN OF SUCH CHILD AND AM LEGALLY ENTITLED TO SIGN SUCH WAIVER.

I/WE FURTHER ACKNOWLEDGE THAT EVENTS MAY BE PHOTOGRAPHED. I/WE CONSENT TO THE USE OF ANY PICTURE(S) OR VIDEO(S) FOR THE PURPOSE OF NORMAL PUBLICITY AND PROMOTION OF C.J. SKATEBOARD PARK & SCHOOL AS WELL AS FOR NEWS RELATED PUBLICATION, WITHOUT CHARGE.

I/WE CONFIRM THAT I/WE HAVE HAD AN OPPORTUNITY TO OBTAIN LEGAL ADVICE BEFORE SIGNING THIS ACKNOWLEDGEMENT AND WAIVER AND HAVE CHOSEN NOT TO DO SO.

Participant's Name (please PRINT)

Parent's Name (please PRINT)

Participant's Signature if over 18 years of age

Parent's Signature

Witnesses Signature

Date

Please have parent or guardian sign this if you are under 18 years old. Provision of false information or signature, release's said parties from any and all liabilities, loss, cost claim or damage whatsoever.

PROPER ATTIRE MUST BE WORN AT ALL TIMES including Skate Shoes or Running Shoes, Helmet, Knee Pads, Elbow Pads and Wrist Guards – 12 years of age and under. 13 years of age and over – Helmet only EXCEPT in VERT RAMP (Helmet & Knee Pads required). IMPORTANT NOTE: HELMET STRAPS MUST BE DONE UP WHILE ENGAGING IN SKATEPARK ACTIVITIES.

C.J. Skateboard Park & School

Waiver Information

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY PARENT

We are A NOT-FOR-PROFIT CORPORATION and rely mainly on sponsors, donations, volunteers, parents, and families from our community. We often engage in fundraising. Please list how you may be able to help us.

THE FOLLOWING INFORMATION PERTAINS TO THE PARTICIPANT ONLY

Participant's FIRST Name: _____

Participant's LAST Name: _____

☐ MALE ☐ FEMALE

Age: _____ Date of Birth: Day _____ Month _____ Year _____

Home Address: _____

City: _____

Province / State: ☐ Ontario ☐ Other (please list) _____

Country: ☐ Canada ☐ USA ☐ Other (please list) _____

Postal Code: _____

HOME Tel. #: () _____

EMERGENCY Tel. #: () _____

Name of EMERGENCY contact: _____

E-mail: _____

I would like to receive (please check one):

- ☐ Monthly email blasts/event notification
☐ Event notification only

OHIP Health Card No.: _____



C.J. Skateboard Park & School

A division of Canadian Skateboard Park & School Association
A NOT-FOR-PROFIT CORPORATION

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