



## **EVENT REGISTRATION FORM**

JUNE 21ST, 2016 - 3 P.M. - 9 P.M. - JOHN RHODES COMMUNITY CENTRE

Parent/Guardian Name:	
Address Street:	
City:	
Postal Code:	
Telephone:	
Email:	
	(please print)
Participant Name(s):	Participant Age(s):
1	1
2	2
3	3
4	4

SUPERIOR COMMUNITY SKATEPARK ASSOCIATION



To complete registration, parents/guardians must read and sign the liability waiver on the back of this page.





## WARNING: BY SIGNING THIS LEGAL DOCUMENT, YOU ARE WAIVING YOUR LEGAL RIGHT TO SUE THE ORGANIZERS IN THE EVENT YOUR CHILD IS INJURED

## **WAIVER OF LIABILITY**

I HEREBY AUTHORIZE, my child(rengerent /guardian to participate in the Superior Community Skatepark Associated Day Competitions/Clinics on 06/21/2016 at the John Rhodes Community., as organized by Superior Community Skatepark Association, The of the City of Sault Ste. Marie, Algoma Public Health, and the Healthy Kids Challenge (the "Organizers").	ociation Go unity Corporation
I UNDERSTAND AND ACKNOWLEDGE that there are risks associated with ty, including bodily injury, death and loss or damage to property (the "Harr	
I AGREE to directly supervise my child at all times during the Activity.	
I AGREE to assume all risks of Harm to my child and to myself and to waive, release and discharge the Organizers from any Harm done to my child and/or myself, even if the Harm resulted, directly or indirectly, from negligence of the Organizers.  (initials)  I AGREE to indemnify the Organizers and to hold them harmless with the respect to claims made by others for any Harm caused by my child or myself.	
I FURTHER AGREE that proper protective equipment shall be worn but no a proper fitting helmet.	tials) t limited to
I FURTHER AGREE that this release shall be binding upon the heirs, estate successors, assigns and representatives of my child and myself and that "C as used herein, shall include all of the officers, directors, employees, agents teers of the Superior Community Skatepark Association, the Corporation of Sault Ste. Marie, Algoma Public Health, and the Healthy Kids Community	Organizers", s and volun- of the City
I ACKNOWLEDGE that this event will have media coverage and that my changes the photographed and/or videotaped. I consent to same and the public any photos/videos that result from same as it relates to my child.	
I ACKNOWLEDGE that I have read and understand this Waiver of Liability appreciate the nature and consequences of granting my consent and waiv all claims for liability or damages against the Organizers.	_
PARENT/GUARDIAN SIGNATURE: DATE:	