

LOCAL SUPPLY Co. Skateboard Camp

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN RIGHTS TO SUE OR TO CLAIM
COMPENSATION FOLLOWING AN ACCIDENT
PLEASE READ CAREFULLY!**

I, **PRINT Parent Name**, AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH PARTICIPATING IN THE LOCAL SKATEBOARD CAMP AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

Initials: **SIGN parent initials**

I AM AWARE I CANNOT HOLD LOCAL SUPPLY CO. LTD., ITS OWNERS OR EMPLOYEES OR THE TOWN OF SMITHERS LIABLE FOR ANY PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING FROM PARTICIPATING IN THE LOCAL SKATEBOARD CAMP.

Initials: **SIGN parent initials**

I ACKNOWLEDGE AND AGREE THAT ALL EXPENSES ASSOCIATED WITH ANY EMERGENCY TRANSPORTATION, RESCUE OR FIRST-AID WILL BE MY RESPONSIBILITY AND WILL NOT BE COVERED BY LOCAL SUPPLY CO. LTD. OR THE TOWN OF SMITHERS.

Initials: **SIGN parent initials**

I, **PRINT Parent Name** ACCEPT ALL OF THE RISKS AND THE POSSIBILITY OF DEATH, PERSONAL INJURY, PROPERTY DAMAGE AND LOSS RESULTING FROM PARTICIPATING IN THE LOCAL SKATEBOARD CAMP AT THE SMITHERS SKATEBOARD PARK

I CERTIFY THAT I AM PHYSICALLY CAPABLE AND FIT TO PARTICIPATE IN THIS ACTIVITY AND I HAVE NO MEDICAL CONDITIONS OR NEEDS OTHER THAN THOSE LISTED.

I CONFIRM THAT I AM EIGHTEEN YEARS OF AGE OR OLDER. YOUNGER PARTICIPANTS MUST HAVE A PARENT OR GUARDIAN READ AND SIGN THIS DOCUMENT. PARTICIPANTS UNDER EIGHTEEN AGREE TO WEAR A PROPER HELMET ALL THE TIME WHEN PARTICIPATING IN THE LOCAL SKATEBOARD CAMP.

I CONFIRM THAT I HAVE READ OVER THIS AGREEMENT BEFORE SIGNING, THAT I UNDERSTAND IT, AND THAT IT WILL BE BINDING NOT ONLY BY ME BUT ALSO MY HEIRS, MY NEXT OF KIN, MY EXECUTORS, ADMINISTRATORS AND ASSIGNS.

User's Printed Name: PRINT Girl name	Witness Printed Name: PRINT Witness name
User's Signature: xxx MAY Leave Blank xxx	Witness Signature: Witness signature
Signature of Parent/Guardian: (if user is under eighteen years of age) Parent signature	Date: Date signed

User Information

Complete all of the User information for the GIRL

Date of Birth:	Phone #:
Address:	
City:	Province:
Postal Code:	Country:

Emergency/Medical Information

Complete all of the Emergency information

Emergency Contact	Phone:
Allergies	
Medical Conditions	