URBAN SLIDE CANADA RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Participant's Name:		Age: Date of Birth: (M)(D)(Y)
Address:		City:	Prov:
Postal Code:	Phone #:	Email:	

If the Participant is a MINOR, a parent/guardian will either need to be present on site at signing, or Participant needs to have a parent sign and provide Driver's License # of parents and/or speak directly with our registration personnel.

BY SIGNING THIS LIABILITY WAIVER YOU RENOUNCE CERTAIN LEGAL RIGHTS INCLUDING YOUR RIGHTS TO SUE. PLEASE READ CAREFULLY AS THIS IS A LEGAL DOCUMENT.

In consideration at being allowed to participate in any way in URBAN SLIDE CANADA ("Activities"), and any related events and activities, I the below signed, on behalf of myself, and my successors, heirs, assigns, and anyone else who may make any claim for or on my behalf, hereby irrevocably and unconditionally acknowledge, appreciate and agree that:

- 1.) I, ______ agree to abide by the rules and regulations of the 365 Group, 365 Sports Inc, The Roc and The Corporation of the Town of Georgina ("Released Parties") and agree to use the facility and equipment in a manner consistent with its intended use and application.
- 2.) I recognize that *participating in the Urban Slide Canada* is a physical activity is designed predominantly for healthy individuals. I represent and warrant I am in good health and physical condition and can participate in the "Activities." <u>NOTE</u>: If you have been inactive, have health or medical concerns, you are advised to consult with your physician prior to participating in the "Activities."
- 3.) I recognize participation in these "Activities," involves various risks, dangers and hazards, including but not limited to:
- minor or major bone fractures, scrapes, abrasions, lacerations, head concussions, body bumps, bruises, muscle, tendon or ligament strains/sprains, overstraining or exceeding physical limitations, paralysis, other serious personal or bodily injuries, death.

Caused by, but not limited to:

- rough equipment, disregard of guidelines, rules and standard practices, falling, impact against a hard surface, slips and other gravity related mishaps/falls, uncontrolled acceleration or de-acceleration, collision with another, negligence on my part, or the part of the "Released Parties."
- 4.) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE "RELEASED PARTIES" or others, and ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION. Therefore the "Released Parties" accept no responsibility for such activity related risks. The staff of the "Released Parties" does not have medical training; if you have health or medical concerns, talk to your doctor.

I understand and agree my participation in the "Activities" is not a requirement of the "Released Parties," and is strictly voluntary.

- 5.) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY FULLY AND FOREVER RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS THE "RELEASED PARTIES," their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the "Activities," of and from any and all causes of action, lawsuits, losses, damages, injuries (including personal and bodily injuries, death and injury to property) howsoever caused (whether by the negligence or otherwise), claims, demands, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with the "Activities," including, without limitation, my participation in the "Activities;"
- 6.) I agree not to initiate any lawsuit, court action or other legal proceeding against the "Released Parties," nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage, or injury sustained by me or others in connection with my participation in the "Activities;"
- 7.) I agree to hold harmless, indemnify and reimburse the "Released Parties" from and for any sums, costs, or expenses (including legal fees and disbursements) incurred or suffered by any of the "Released Parties" or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, injuries, howsoever occurring, whether by negligence or otherwise (including death), claims, demands, lawsuits, expenses, and any other liability of any kind, sustained by me or others in connection with my participation in the "Activities." This means that I will reimburse the "Released Parties" if anyone makes a claim against them based on damages or injuries I suffer in connection with the "Activities;"
- 8.) I understand the "Released Parties" do not provide any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my participation in and attendance at the "Activities." I will pay my own medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the "Activities;"
- 9.) I am aware and fully understand the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I UNDERSTAND I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING.

I am executing this Release and Waiver of Liability Agreement freely, without any compulsion on the part of the "Released Parties."

I ACKNOWLEDGE TO HAVING READ THIS ENTIRE AGREEMENT PRIOR TO HAVING SIGNED IT.

By signing this document, I am freely assuming risks of injury and other risks associated with participating in the "Activities." I acknowledge having read, understood and agreed to the conditions contained in this agreement.

Complete and sign below if the me	mber participating in the "Activities" is o	f the age of majority in his/her jurisdiction of residence.	
Participant Name:	Signature:	Date:	
Witness Name:	Signature:	Date:	
If the member participating in the legal guardian are required to sign		n his/her jurisdiction of residence, he/she and a parent or	
		er risks associated with participating in the "Activities." d to the conditions contained in this agreement.	
My Child	, a minor pursuant to the laws of our jurisdic	tion of residence, has my permission to participate in the "Activities."	
Participant Name:	Signature:	Date:	
Parent/Guardian Name:	Signature:	DL #:	
In cas	e of Emergency, please provide the fol	lowing contact information:	
Emergency Contact Name:	Relationship:		
Address:	City:	Prov:	
Postal Code:	Phone #:	Prov: Cell #:	
1,	PERSONAL PHOTO R authorize the "Released Parties" to collect and use the	ELEASE personal information on this form for the purpose of the management and	
administration of the Urban Slide Canada. I a	authorize the "Released Parties," to disclose such perso	nal information to third parties, as may be required for this purpose, to disclose such personal information pursuant to relevant privacy laws or	
statutory and moral rights throughout the wo likeness ("Attributes") in any and all publicity limitation, the perpetual and unlimited right materials produced by the "Released Parties" broadcast, transmit, publish, sell, distribute,	rld and regardless of whether or not such rights are no purposes, commercial or otherwise, in any and all me to reproduce (by electrical transcription), tape or othe incorporating the "Attributes," and the complete and perform, and use for any purpose, in any manner, by a gs referred to in this paragraph. I acknowledge I shall I	ding, without limitation), all now and hereafter existing common law, we known to use my name, address, voice, photograph, image and/or other dia without compensation or further notification including, without recording process, whether now known or hereafter developed, any unencumbered right throughout the world, to exhibit, record, reproduce, ny means and in any medium, whether now known or hereafter developed, not have or claim to have any right, title or interest in or to any materials	
Participant Name:	Signature:	Date:	
Parent/Guardian Name:	Signature:	Date:	
supersedes any oral or written statements ma	de by any of the "Released Parties," or to me, in conne perates to the benefit of the "Released Parties," as wel	W visions shall nevertheless continue to be valid and enforceable. This Release ection with the "Activities." This document is governed by the laws of a stheir administrators, successors and assigns, and is binding on me and my	
Initial:			