



## RECREATIONAL & SPECIAL NEEDS PARTICIPANT CONSENT & MEDICAL DATA RECORD

**NOTE: IF REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY.**

**PLEASE PRINT CLEARLY IN INK**

<b>LAST NAME OF PARTICIPANT</b>		<b>FIRST NAME OF PARTICIPANT</b>		<b>GENDER</b>	
				<b>M</b>	<b>F</b>
<b>YEAR OF BIRTH</b>	<b>MONTH OF BIRTH</b>	<b>DAY OF BIRTH</b>		<b>AGE</b>	
<b>ADDRESS (STREET/P.O. BOX)</b>		<b>CITY/TOWN</b>		<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>E-MAIL ADDRESS</b>			<b>PHONE NUMBER</b>		
			(    )		
DOES THE PARTICIPANT HAVE ANY PHYSICAL, MENTAL, OR MEDICAL CONDITIONS THAT, FOR SAFETY REASONS, SHOULD BE DISCLOSED? NO _____ YES _____ IF NO, PLEASE COMPLETE THIS FORM ONLY. IF YES, PLEASE COMPLETE FORM B & C.					
HAS THE PARTICIPANT EVER HAD AN INJURY OR ACCIDENT REQUIRING MEDICAL ATTENTION? NO _____ YES _____ SPECIFY _____					
HAS THE PARTICIPANT EVER HAD SURGERY? NO _____ YES _____ SPECIFY _____					
<b>IN THE CASE OF AN EMERGENCY INVOLVING THE PARTICIPANT, PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS</b>					
<b>NAME</b>			<b>PHONE NUMBER</b>		
			(    )		
<b>RELATIONSHIP</b>			<b>WORK/CELL NUMBER</b>		
			(    )		
<b>NAME</b>			<b>PHONE NUMBER</b>		
			(    )		
<b>RELATIONSHIP</b>			<b>WORK/CELL NUMBER</b>		
			(    )		

<b>OFFICE USE ONLY</b>		
<b>GO FEES PAID</b>	<b>YES</b>	<b>NO</b>
<b>CLASS FEES PAID</b>	<b>YES</b>	<b>NO</b>
<b>DAY AND TIME OF CLASS</b>		
<b>SESSION/CAMP ENROLLED IN</b>		
<b>TRIAL DATE</b>		

**OVER**

# RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

**PLEASE READ CAREFULLY**

## AWARENESS AND ASSUMPTION OF RISK

I am aware that trampoline and gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Skyriders Trampoline Place, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "SKYRIDERS TRAMPOLINE PLACE AND OTHERS". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Skyriders Trampoline Place accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in the future against SKYRIDERS TRAMPOLINE PLACE AND OTHERS.
2. To release the SKYRIDERS TRAMPOLINE PLACE AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify SKYRIDERS TRAMPOLINE PLACE AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

## PARTICIPANT CONSENT AGREEMENT

1. I warrant that the participant named on this form is physically fit to participate in trampoline.
2. I declare that I have accurately disclosed all information regarding physical, emotional or mental conditions affecting the named participant and acknowledge that this information may be used by SKYRIDERS TRAMPOLINE PLACE AND OTHERS to use in the delivery of a trampoline programme.
3. I understand that SKYRIDERS TRAMPOLINE PLACE AND OTHERS has tried to create a safe and controlled environment for participation and that the club has established rules for participation on and about the trampoline area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of SKYRIDERS TRAMPOLINE PLACE AND OTHERS may result in the suspension or termination of membership.
4. I hereby give permission for emergency medical treatment to be administered to the named participant.
5. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.
6. I hereby, where applicable, give permission for my son or daughter (or person to whom I am the legal guardian) to participate in trampoline.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST SKYRIDERS TRAMPOLINE PLACE AND OTHERS.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Please print name clearly**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Please print name clearly**

\_\_\_\_\_  
**Date**