

Neon Skates Inc.
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INDIVIDUAL SKATER WAIVER FORM

Please read this waiver carefully, by signing this agreement, you are affecting your legal rights and liabilities. Do not sign this agreement unless you have carefully read this entire Agreement, understand it, and agree with all of its contents.

This waiver is effective for a period of no more than 365 days from the date signed below.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF ALL RISKS, & INDEMNITY AGREEMENT

I AGREE that I am over the age of 18 years or have a guardian over the age of 18 years that will sign on my behalf, and that I, the undersigned, agree that in consideration of myself being permitted to enter and use any one of the described lands, buildings, and premises used for ROLLER SKATING, and for ANY activities including, but not just limited to roller skating, on behalf of myself, my heirs, successors and assignors, DO HEREBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD HARMLESS Neon Skates Inc., owners, employees, volunteers, coaches, instructors, agents, and independent contractors and their heirs, successors, and assignors from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any of my property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from acceptance of the advice of, or from the gross or wilful negligence of Neon Skates Inc., owners, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises. The activities that the above signed person will be participating in will be inherently dangerous, and they will be exposed to risk of serious injury, disability, death, and risk of damage to or loss of property. I acknowledge that there may not be prompt access to medical assistance or treatment when participating in any activities, and I assume and accept any risk relating to the access to medical assistance and/or treatment. By signing this document I acknowledge that I have read, understood and accepted the conditions of this waiver form and are waiving certain legal rights, including the right to sue.

Participant Name

Date

Guardian's name (if under 18)

Signature (Guardian's if under 18)