



KOTA KAMP REGISTRATION

Participant:

First Name: _____ Last Name: _____

Date of Birth: _____

Is the participant taking any medication? NO / YES (please circle)

If YES, please specify: _____

Known Allergies: _____

Parent/Guardian:

First Name: _____ Last Name: _____

Phone #: _____ Alternate Phone #: _____

Name of Person(s) picking up participant: _____

Emergency Contact (if different than above):

First Name: _____ Last Name: _____

Phone #: _____ Alternate Phone #: _____

Kota Kamp will be held at the **Norton Skatepark**: 3440 Tim Dobbie Drive in Burlington Ontario.

Date is Saturday, June 25th, 2016.

Kota Kamp will be supervised from 8:00am until 11:00am, and 12:00pm until 3:00pm. Please ensure your child has transportation to and from the skatepark.

Ensure to arrive early to sign and deliver the attached waiver.

Please advise the Kota Kamp instructors of any special needs for your child.



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

(Please read carefully)

BY SIGNING THIS YOU WILL WAIVER CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. THE ACTIVITIES REFERRED TO IN THIS RELEASE AGREEMENT INVOLVE RISKS, DANGERS AND HAZARDS INCLUDING RISK OF DAMAGE, LOSS, PERSONAL INJURY AND DEATH. THESE RISKS, DANGERS AND HAZARDS ARE MORE FULLY DESCRIBED ON THE FOLLOWING PAGES. ALL PARTICIPANTS IN THESE ACTIVITIES ARE REQUIRED TO SIGN THIS RELEASE AGREEMENT WHICH IS INTENDED TO PREVENT PARTICIPANTS FROM SUING IN THE EVENT OF AN ACCIDENT

TO: _____ (the "PARTICIPANT")
and, _____ (the "PARENT/GUARDIAN")

ASSUMPTION OF RISKS

I am aware that my participation in Kota Kamp involves many risks, dangers and hazards, which could result in damage, loss or physical injury to me. Some of these risks, dangers and hazards include, but are not limited to:

- * **Health:** overexertion, dehydration, fatigue, lack of fitness or conditioning.
- * **Premises:** defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, equipment or persons.
- * **Use of Equipment:** mechanical failure of the equipment; negligent design or manufacture of the equipment; the failure by the Releasees to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability.
- * **Advice:** negligent advice regarding scooter instruction.
- * **My conduct and conduct of other persons:** may increase the risk of damage, loss, personal injury or death.

I understand that safety precautions may fail to safeguard or protect me from the risks, dangers and hazards of Kota Kamp, some of which are referred to above. Despite the risks, dangers and hazards of Kota Kamp, and fully understanding such risks, dangers and hazards, I wish to participate in Kota Kamp with their instructors, 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.

Parent/Guardian initials: _____ Witness initials: _____



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

In consideration of allowing me to participate in Kota Kamp and permitting my use of their equipment, city of Burlington facilities and services, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against JIBS ACTION SPORTS INC from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next-of-kin may suffer as a result of my participation in Kota Kamp DUE TO ANY CAUSE WHATSOEVER
- 2. TO HOLD HARMLESS AND INDEMNIFY JIBS ACTION SPORTS INC. from any and all liability for any damage, loss, expense or injury to any third party resulting from my participation in Kota Kamp
- 3. This Agreement shall be effective and binding upon my heirs, next-of-kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

SAFETY

I am familiar with the proper use of the equipment. I agree to wear a helmet at all times while participating in action sports activities. I am aware that there are scooter instructors and staff available to answer any questions I may have as to the proper use of the equipment. In entering into this Agreement I am not relying on any oral, visual or written representations or statements made by JIBS ACTION SPORTS INC. with respect to the safety of Kota Kamp other than what is set forth in this Agreement.

INSURANCE

I am aware that JIBS ACTION SPORTS INC. does not provide me with any disability, accident, liability or medical insurance or compensation, should I become injured or cause personal injury or property damage to any third party while participating in Kota Kamp.

Parent/Guardian signature: _____ Witness signature: _____

Parent/Guardian print name: _____ Witness print name: _____

Date: _____ Date: _____