ROPE SKIPPING CANADA RELEASE, WAIVER AND ASSUMPTION OF RISKS 2023-2024

THIS IS A LEGAL DOCUMENT. BY SIGNING THIS DOCUMENT YOU AGREE TO WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE ROPE SKIPPING CANADA.

PLEASE REAI	D CAREFULLY!	Initials	
Name of Participant:			Home
Name of Participant: Cit Address: Cit Phone: Email: only) (yyyy/mm/dd) CLUB Name:	ty:	Province:	Postal Code:
Phone:Email:		E	irthdate: (athletes
only)(yyyy/mm/dd) CLUB Name:		Current year:	
ASSUMPTION OF RISKS			
I am aware that participating in ROPE SKIPPING CANADA hazards including but not limited to: contracting infection slips and falls, trips and falls, impact with other participal concussion or brain injury, tendon or muscle strain or ruppre-existing injury or condition, and negligence of other placept and fully assume all such risks, dangers and haza	us diseases (such as CO\ nts or objects, adverse hoture, bone fracture, uri participants, instructors	/ID-19), equipment nealth events such nary incontinence, or coaches.	failure, falls, collisions, as heart attack, or worsening of
from my participation in these activities.	. ,		•
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMIIN CONSIDERATION OF AND EXCHANGE FOR ROPE SKIPPING CANAGREE:		cipation in its activi	ties and programs, I
TO WAIVE ANY AND ALL CLAIMS that I have or may have from any and all liability or fault for any loss, damage, expenders may suffer as a result of my participating in RO	pense or personal injury	, including death, t	
I agree to waive claims for losses that are DUE TO ANY CACONTRACT, OR BREACH OF ANY STATUTORY DUTY OF CACANADA.			
I agree to waive claims for losses that are due to ANY FA MY SAFETY OR PROTECT ME FROM THE RISKS, DANGE SKIPPING CANADA.			
MEMBER RESPONSIBILITIES			
I agree to abide by the rules of ROPE SKIPPING CANADA a participating in Rope Skipping, I agree to wear clothing th jewellery, and I will not chew gum. I will follow up-to-dat COVID-19), as per the Public Health authority where I am	nat is safe for Rope Skip e guidelines regarding i	ping participation, nfectious disease p	I will not wear
I agree to allow photos, videos and/or audio recordings be used exclusively by ROPE SKIPPING CANADA for Provincial or ROPE SKIPPING CANADA websites, newspag	promotional purposes,	including but not	limited to the Club,
Date			
Participant's Name (Legal Guardian for Participant, if under age of 18)	Witness' Name		_
Participant's Signature	Witness' Signature		

(Legal Guardian for Participant, if under age of 18)

ADDENDUM - Participation outside of regular practice facilities and without a certified coach present:

My participation in all Rope Skipping Canada virtual events and activities is fully and purely voluntary and at my own risk. I accept and fully assume all such risks, dangers and hazards and the possibility of personal injury and death that may arise from my participation in rope skipping activities at home and/or any other location outside of my normal practice facility. I also fully assume all risks, dangers and hazards and the possibility of personal injury and death that may arise from my participation in rope skipping activities without the presence of a certified coach and/or first-aid provider.

I agree TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Rope Skipping Canada AND TO RELEASE them from any and all liability or fault for any loss, damage, expense or personal injury, including death, that I or any of my family members may suffer as a result of my participating in ROPE SKIPPING CANADA virtual events and activities.

Date		C
Participant's Name (Legal Guardian for Participant, if under age of 18)	Witness' Name	
Participant's Signature	Witness' Signature	<i>x</i>

(Legal Guardian for Participant, if under age of 18)