



Waiver and Liability Form – PLEASE PRINT CLEARLY

Course \_\_\_\_\_ Date: Day \_\_\_\_\_ Mth \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Mth \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Email (print) \_\_\_\_\_ Weight \_\_\_\_\_ lbs

In consideration of being allowed to participate in any way in the Abilities In Motion programs, the undersigned acknowledges, appreciates and agrees that:

**The risk of injury** from the activities involved in this program is significant, including the potential for permanent \_\_\_\_\_ paralysis and death: and while particular rules, equipment, and personal discipline may reduce this risk, the risk of Initial serious injury does exist: and:

\_\_\_\_\_ **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, EVEN IF ARISING FROM THE Initial NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation:

\_\_\_\_\_ **I willingly agree to comply** with the stated and customary terms and conditions for participation. If, however, I Initial observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and:

\_\_\_\_\_ **I, for myself and on behalf of my heirs**, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD Initial HARMLESS Abilities In Motion, their officers, officials, volunteers, agents and/or employees, other to conduct the event (all of whom are referred to as "Releasee's WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

\_\_\_\_\_ **If this participant** has any relevant medical conditions, ensure they are disclosed in the registration form. If a Initial registration form was not completed then please describe them on the back of this page.

\_\_\_\_\_ **I agree to my photo/video being used/I would like to receive AIM emails.** Initial

**I HAVE READ, OR HAVE HAD IT READ TO ME, THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTOOD ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: Day \_\_\_ Mth \_\_\_ Year \_\_\_

If unable to sign own name signature Yes No Parent/caregiver/Guardian \_\_\_\_\_ Date: Day \_\_\_ Mth \_\_\_ Yr \_\_\_

Witness: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: Day \_\_\_ Mth \_\_\_ Year \_\_\_

FOR PARTICIPANTS OF MINORITY AGE 9 UNDER 18 AT REGISTRATION)

MINOR YES Circle if appropriate

This is to certify that I, as a parent/guardian/doctor with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement for our participation in these programs as provided above.

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date: Day \_\_\_ Mth \_\_\_ Yr  
May 2019 [www.abilitiesinmotion.ca](http://www.abilitiesinmotion.ca) 647 267 1221 info@abilitiesinmltion.ca