



SK8 Paradise Waiver & Release

Personal Information

Members Name: _____ Parent Names _____

Address: _____
Street Address

_____ *City* _____ *Prov* _____ *Postal Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date of your child: **Day:** _____ **Month:** _____ **year:** _____

Waiver of Liability

MUST BE READ AND SIGNED BY CHILD'S PARENT OR GUARDIAN

I UNDERSTAND AND AGREE THAT MY CHILD/CHILDREN ARE USING THE SKATE BOARD PARK AT THEIR OWN RISK.

I UNDERSTAND THAT THE ACTIVITIES, PROGRAMS AND/OR CLASSES OFFERED BY THE TOWN OF PARADISE MAY INVOLVE STRENUOUS PHYSICAL EXERTION. I ACKNOWLEDGE THAT INJURIES OR OTHER COMPLICATIONS ASSOCIATED WITH SKATE BOARDING, INLINE SKATING OR OTHER PHYSICAL ACTIVITY MAY RESULT. I UNDERSTAND THAT THESE ACTIVITIES CAN RESULT IN SERIOUS INJURY TO THE PERSON AND DAMAGE TO PROPERTY AND VOLUNTARILY ASSUME AND ANY AND ALL RISKS OF LOSS, DAMAGE OR INJURY WHILE ON THE PREMISES. IT IS MY CHILDS/CHILDREN'S RESPONSIBILITY TO FOLLOW INSTRUCTIONS FOR ANY ACTIVITY OR USE OF EQUIPMENT FROM STAFF.

IN EXCHANGE FOR BEING PRESENTED THE OPPORTUNITY TO PARTICIPATE IN THE ACTIVITIES, PROGRAMS AND/OR CLASSES OFFERED THROUGH THE SK8 PARK PARADISE, AND IN ACKNOWLEDGING THAT I AM AWARE OF AND WILLING TO ASSUME THE RISKS ASSOCIATED WITH THESE ACTIVITIES, I KNOWINGLY AND VOLUNTARILY AGREE TO WAIVE, RELEASE AND FOREVER DISCHARGE THE TOWN OF PARADISE (INCLUDING ANY EMPLOYEES, OFFICERS, COUNCIL OR AGENTS) OF AND FROM ANY AND ALL MANNER OF LIABILITY, CLAIMS, REMEDIES, DEBTS, DAMAGES, INJURIES, AND ACTIONS OF WHATEVER NATURE OR KIND WHICH THEY NOW HAVE, OR THEIR HEIRS, ASSIGNS OR LEGAL REPRESENTATIVES MAY HEREAFTER ACQUIRE, AS A RESULT OF MY CHILDS /CHILDREN'S USE OF OR ATTENDANCE AT THE SK8 PARK PARADISE LOCATED AT THE RPYCC.

Print legal name (Parent or Guardian)

Signature Date

Please Note: This form has to be signed by the parent or guardian of the child to be able to try out the Skate Park (SK8 Park Paradise). Your child will not be able to participate without a consent/waiver form.



Rotary Paradise Youth and Community Centre Rock Wall Climbing Waiver

RPYCC Rock Wall Guidelines, Acknowledgment of Risk, and Release of Liability

The mission of the Rotary Paradise Youth and Community Centre is to provide a unique educational opportunity for all who wish to participate in the activity of rock climbing. Rock climbing can be enjoyed in an educational/recreational setting with reduced risks by adhering to the following guidelines.

Please read each paragraph and initial next to each.

- _____ There are certain medical conditions that may increase your risk to safely participate in the activity of rock climbing including but not limited to: seizures, arthritis, partial to full hearing or vision loss, recent soft tissue injuries, and high blood pressure. Keep in mind that conditions such as these may directly affect the safety of other participants. Please consult with a physician before becoming involved in this activity if you are unsure about your ability to participate.
- _____ All customers must have this form completely filled out or on file before climbing. Waivers are valid for a period of one year from the date it was signed.
- _____ A legal parent or guardian must sign the RPYCC Rock Wall Wavier Acknowledgment of Risk and Release of Liability before anyone the age of 18yrs old and under will be allowed to climb.
- _____ Read the Climbing Centre Rules as well as all posted signs and warnings. Adhere to the instruction and recommendation of supervisory staff.
- _____ All climbing instruction will be done by RPYCC Staff.
- _____ Climbers will be given a warning the first time they are caught misusing equipment.
- _____ All climbers are responsible for proper fit of their equipment, as shown by staff/must be double checked by staff
- _____ Proper climbing commands will be used both before climbing and while on the wall. The purpose of these commands, to double check equipment and setup, are imperative to safe climbing.
- _____ Only standard manufactured climbing equipment may be used.
- _____ Staff has the right to suspend privileges to this facility without refund.

Please initial next to each individual line.

_____ I hereby acknowledge and assume the inherent risks involved in indoor rock climbing. These risks might include personal injury or possibly death resulting from my personal health/physical limitations known and unknown, malfunction or misuse of equipment, failure to adhere to proper climbing procedures, failure to acknowledge personal skill levels, decision making, or accidents.

_____ The Rotary Paradise Youth and Community Centre is providing facilities, equipment, educational training and supervision to those who wish to participate in indoor rock climbing. For and in consideration of the opportunity to engage in this activity at the Rotary Paradise Youth and Community Centre, I release, acquit, and discharge forever on behalf of myself, my heirs, assigns and personal representatives, Town of Paradise, its' agents, officers, employees, successors, volunteers, and representatives from any and all liability, claims, or causes of action that result from my participation with the Rotary Paradise Youth and Community Centre indoor rock climbing facility.

_____ I understand that I may not use the Rotary Paradise Youth and Community Centre facility until I have been deemed qualified to do so by the Rotary Paradise Youth and Community Centre staff. I certify that I am a legally competent adult 19 years of age or older and have read this paragraph releasing Town of Paradise, its' agents, officers, employees, successors, volunteers, and representatives from liability, and I understand and voluntarily sign this form.

I have read and understand the above statements.

Name (please print)	Signature	Date
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If 18 yrs old or under:

I am the parent/legal guardian of _____. I have read the Acknowledgment of Risk and Release of Liability in its entirety and I understand the potential risk in indoor rock climbing.

I grant permission for _____ to participate in this activity. I have reviewed the Rotary Paradise Youth and Community Centre Guidelines with the minor participant. I certify that I am legally competent to grant permission as an adult and warrant my authority as the parent/legal guardian.

Legal Parent/Guardian (please print)	Legal Parent/Guardian Signature	Date
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