



Richmond Olympic Oval Corporation
Waiver and Release of Liability Form

Program or Activity _____ Date _____

PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

HOME PHONE _____ MOBILE PHONE _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ DATE OF BIRTH D-M-Y _____ MALE FEMALE

EMAIL _____

PARENT/GUARDIAN (if participant under 19 yrs) _____ PHONE # _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE # _____

Medical Information

ALLERGIES YES NO If YES explain: _____

MEDICAL CONDITIONS YES NO If YES explain: _____

FAMILY PHYSICIAN and PHONE # _____

CURRENT INJURIES YES NO If yes, please provide a brief description,

HISTORY OF INJURIES YES NO If yes, please provide a brief description, and when

MEDICAL PROFESSIONAL and PHONE # TREATING INJURY

Permission is hereby GRANTED or DENIED (please check appropriate box) for the Richmond Olympic Oval to contact the above mentioned physician or medical professional regarding relevant medical conditions and/or injuries.

Disclosure and Participant's Assumption of Risks

In consideration of being allowed to participate in the activities at Richmond Olympic Oval in any way, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. Activities may include the use of artificial structures to allow climbing, some hazards of which include protection or hardware failure, rope failure or structural failure of the artificial surface. I acknowledge that it is my responsibility to advise the Richmond Olympic Oval of any medical or other conditions which may affect my participation in any program or training sessions. In the event that I require medical attention, I consent to be transported to the nearest emergency centre and receive medical treatment, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.



Release of Liability, Waiver of Claims and Indemnity Agreement

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Richmond Olympic Oval, the City of Richmond, their owners, coaches, contractors and/or employees, and, if applicable, lessees of the Richmond Olympic Oval, 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.

PARENT OR GUARDIAN OF A MINOR

I consent to my child's participation at the Richmond Olympic Oval. I am aware that there are risks associated with participation in the _____ program, including the risk of injury, and I consent to my child's participation in spite of such risks. I consent to permit the staff of the Richmond Olympic Oval to take my child/guardian on outings to public spaces that may involve transportation in a vehicle. **INITIAL** _____. I acknowledge that it is my responsibility to advise the Richmond Olympic Oval of any medical or other conditions which may affect my child's participation at the Richmond Olympic Oval. **INITIAL** _____. In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre and receiving medical treatment, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service. **INITIAL** _____.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY FORM, FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ participant's signature

x _____ parent/guardian signature
(if participant is under 19 years of age)

Date signed: _____

Permission is hereby **GRANTED** or **DENIED** (please check appropriate box) for the Richmond Olympic Oval to take and use photographs of the above mentioned participant for promotions and records.

For **SPORT CLIMBING CENTRE** Use

Top Rope and Belay Check	Pass	Fail	Conditional
Lead Check	Pass	Fail	Conditional
Instructor: _____			
Date: _____			