

Energyplex Family Recreation Centre Inc.

Liability Waiver

At the Energyplex Family Recreation Centre Inc (the EnergyPlex), we are dedicated to providing you and your child a fun, safe and memorable experience. However, on occasion, accidents may happen, therefore we require your prior consent for your family's participation in activities at the Energyplex.

PLEASE READ CAREFULLY BOTH PARTS OF THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS, & MEDICAL AUTHORIZATION, AND COMPLETE AND SIGN THIS FORM. THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHILD(REN) TO PARTICIPATE IN ANY ACTIVITIES AT THE ENERGYPLEX.

Parent or Legal Guardian: _____ Relationship: _____

Child(rens) Name(s): _____ Age(s): _____

Home Address: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Alternate (emergency) Contact: _____ Relationship: _____

Alternate Contact #: _____

Have you ever been to the Energyplex? _____

How did you hear about us? _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS, & MEDICAL AUTHORIZATION

As Parent or Legal Guardian of _____, and on behalf of myself, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, ball sports, playground activities, rock climbing, swimming and diving. In addition, swimming or any activity around water can result in brain damage or drowning. Being fully aware of these dangers, **I voluntarily consent to the aforementioned person(s) participating in any and all activities and programs at the Energyplex Family Recreation Centre Inc., and I ACCEPT ALL RISKS associated with those activities and programs.**

In consideration for allowing myself and my child to use these facilities, I on my own behalf and as legal guardian of the aforementioned child(ren), and our respective heirs, administrators, executors, and successors, hereby covenant TO HOLD HARMLESS, INDEMNIFY and FOREVER RELEASE THE ENERGYPLEX, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES OR AGENTS from any and all liabilities.

IN EVENT OF AN EMERGENCY, I would like myself or the above mentioned child to be taken to a medical facility for medical treatment and **I HOLD THE ENERGYPLEX AND ITS REPRESENTATIVES HARMLESS IN THEIR EXECUTION OF THIS ACTION.** Additionally, I hereby agree to individually provide for all required future medical expenses which may be incurred by me or the child for whom I am the legal guardian as a result of any injury sustained while participating in activities and programs at THE ENERGYPLEX.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

CUSTOMER SERVICE REPRESENTATIVE SIGNATURE

DATE