

Liability Waiver Form

I, the *Participant*, or the parent/guardian of the *Participant*, understand that signing below hereby voluntarily releases from liability **The North Edge Ice Sports**, employees, and facility from any accident, injury, illness, loss, damage of person or property, or other consequence suffered by *Participant* or any other person arising or resulting directly/indirectly from *Participant's* participation in the North Edge program stated below. **The North Edge Ice Sports** assumes no responsibility for any medical expenses, injury, loss or damage suffered by the *Participant* in connection with the use of any facilities or activities.

IT IS THE INTENTION OF THE *PARTICIPANT* BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE, AND TO THE EXEMPT AND RELIEVE **THE NORTH EDGE ICE SPORTS** FOR LIABILITY FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE. *PARTICIPANT* FURTHER AGREES THAT *PARTICIPANT*, SPOUSE, ASSIGNEE, HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES WILL NOT MAKE ANY FUTURE CLAIMS AGAINST OR SUE **THE NORTH EDGE ICE SPORTS** FOR ANY LOSS OR DAMAGE RESULTING IN THE *PARTICIPANT'S* PARTICIPATION IN THIS PROGRAM.

GENERAL INFORMATION

Name of Participant (Print) Age

Physician Name

Participant Services/Care Card #

Physician Phone Number

Name of Parent/Guardian (if under 18)

Name of Practice

Parent/Guardian Phone Number

Medical Conditions (if known)

CONSENT/RELEASE OF LIABILITY

By signing below, the *Participant* acknowledges having read and understood the above waiver. By signing below, the *Participant* also acknowledges awareness that **The North Edge Ice Sports** recommends the use of helmets to ALL participants, and that a CSA approved helmet is mandatory for all participants under the age of 18.

Date

Program

Physical Address

City/Province

Signature of Participant (if over 18)

Signature of Parent/Guardian (if under 18)