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 WWW.GRANDECACHE.CA

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

This is a Release of Liability - READ BEFORE SIGNING - In consideration of being allowed to participate in any way in The Grande Cache Grotto program, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

1. 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 serious injury does exist; and,
2. 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; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the GRANDE CACHE GROTTTO, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise
5. I understand that a helmet is available to me free of charge, I may choose not to wear a helmet which may increase my risk of injury and if I choose to wear a helmet it is my responsibility to request a helmet and use it properly.
6. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I may have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

X _____
 Participant's Signature

Today's Date ____ / ____ / ____
 Month Day Year

PLEASE PRINT CLEARLY

Last Name: _____
 First Name: _____
 Street: _____
 City: _____
 Province/State: _____
 Postal/ZipCode: _____
 Telephone: (____) _____
 Birthdate: ____ / ____ / ____
 Month Day Year

Medical Information

Please list any medical information that is important for the Climbing Cave Staff to be aware of (i.e. allergies, conditions, etc). _____

Emergency Contact: _____ Telephone: (____) _____

For Participants of Minority Age (Under 18 at the time of Registration)

This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases 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 of participation in these programs as provided above.

X _____
 Parent / Guardian Signature

Today's Date ____ / ____ / ____
 Month Day Year