

## RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

**PLEASE READ THIS DOCUMENT CAREFULLY**

I, \_\_\_\_\_, \_\_\_\_\_,  
[Print Name] [Apt. and Street]  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
[City] [Province] [Postal Code] [Birth Date: dd/mm/yy]

hereby acknowledge and agree that:

- **Speed Skating** may be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of **Speed Skating** itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging the **BC Cup ST #1 competition**;
- As a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- Some of the aforesaid risks and hazards are foreseeable, but others are not;
- I nevertheless **FREELY AND VOLUNTARILY ASSUME ALL THE AFORESAID RISKS AND HAZARDS**, and that, accordingly, my preparation for, and participation in **BC Cup ST #1 competition** **SHALL BE ENTIRELY AT MY OWN RISK**;
- I understand that neither the **British Columbia Speed Skating Association** nor any of its directors, officers, employees, sponsors, independent contractors, members, players or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in **BC Cup ST #1 competition**;
- I have carefully read this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, fully understand same, and acknowledge that I am freely and voluntarily executing this Form;
- I have been given the opportunity and have been encouraged to seek legal and parental advice prior to signing this Form;
- I clearly understand that the **British Columbia Speed Skating Association** would not permit me to participate in **BC Cup ST #1 competition** unless I signed this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, and that this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM** applies to the **BC Cup ST #1 competition** and that I have had the opportunity to contact **BCSSA** to have the terms of this Form explained to me by one or more of their representatives and my parents; and
- I am physically capable of participating in **BC Cup ST #1 competition** and that I have no pre-existing conditions that would hinder my ability to participate in **BC Cup ST #1 competition**.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you in the competition. Financial information will be used to process payment. Organization of competitions/events requires that names will appear on posted race lists and results print outs. Names/Images of participants may be published on boards, websites, media, newsletters and promotional material. Alternative contact and medical information will only be used in a medical emergency. If you have questions about the collection of or use of this information, contact

\_\_\_\_\_  
Parent and/or legal guardian (Please print)

\_\_\_\_\_  
Parent and/or legal guardian Signature

\_\_\_\_\_  
Minor's Full Name (Please print)

\_\_\_\_\_  
Minor Signature

\_\_\_\_\_  
Witness Name (Please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date