



GENERAL ACKNOWLEDGEMENT & WAIVER FOR ANY INDEPENDENT INSTRUCTOR OR SKATE SCHOOL

ISCP/SKATZ® PROGRAM

The International Skateboard Certification Program (ISCP/SKATZ®)
A division of the Canadian Skateboard Park & School Association
(A NOT-FOR-PROFIT CORPORATION)

Participant's FIRST Name: _____ LAST Name: _____ Age: _____ Date of Birth: _____

DD / MM / YYYY

Address: _____ City: _____

Prov./State/District: _____ Country: _____ Zip Code: _____

Email: _____ Cell/Tel. #: _____

Name of EMERGENCY Contact: _____ EMERGENCY Contact #: _____

I/WE UNDERSTAND THAT SKATEBOARDING AND ANY OTHER ACTIVITIES ARE INHERENTLY RISKY SPORTS ACTIVITIES IN WHICH PARTICIPANTS MAY SUFFER SERIOUS INJURY OR FATALITY.

I/WE FURTHER UNDERSTAND THAT THE RISK OF INJURY MAY ARISE FROM A VARIETY OF SOURCES INCLUDING BUT NOT LIMITED TO TERRAIN, EQUIPMENT, FACILITIES, TEMPERATURE, WEATHER, CONDITION AND ACTIVITIES OF PARTICIPANTS, SPECTATORS, OFFICIALS AND EVENT PERSONNEL.

I/WE HEREBY ASSUME ALL RISKS ASSOCIATED WITH ATTENDANCE AT OR PARTICIPATION IN EVENTS INCLUDING ORGANIZED COMPETITION, TRAINING, EDUCATION AND ALL OTHER ACTIVITIES ASSOCIATED WITH SKATEBOARDING AND ANY OTHER ACTIVITIES. I/WE ALSO ACKNOWLEDGE THAT INSTRUCTORS OR SKATE SCHOOLS MAY FROM TIME TO TIME ENGAGE IN OUTINGS, INCLUDING TRIPS TO OTHER OUTDOOR PUBLIC SKATEPARKS, PUBLIC SWIMMING POOLS, OFFSITE DEMOS AND COMPETITIONS, AND I/WE AUTHORIZE SUCH OUTINGS.

I/WE HEREBY WAIVE ANY RIGHTS THAT MIGHT ACCRUE TO ME OR TO ANYONE ON WHOSE BEHALF I/WE AM SIGNING THIS WAIVER, INCLUDING A CHILD EITHER BY VIRTUE OF COMMON LAW OR ANY OTHER STATUTE IN FORCE FROM TIME TO TIME, TO SUE FOR DAMAGES SUSTAINED: A) AS A RESULT OF INJURY SUSTAINED OFFSITE OR ON THE PREMISES OF INSTRUCTORS OR SKATE SCHOOLS; B) DURING MY PARTICIPATION IN ANY EVENT OFFSITE; AND, C) AS A RESULT OF THE USE OF ANY EQUIPMENT BELONGING TO INSTRUCTORS OR SKATE SCHOOLS WHETHER OR NOT THE INJURY ARISES AS A RESULT OF THE NEGLIGENCE OF INSTRUCTORS OR SKATE SCHOOLS, ITS EMPLOYEES, AGENTS OR VOLUNTEER PARTICIPANTS. IN THE EVENT OF AN INJURY, INSTRUCTORS OR SKATE SCHOOLS WILL TAKE ALL REASONABLE STEPS TO CONTACT PARENT/GUARDIAN. IN THE EVENT THAT INSTRUCTORS OR SKATE SCHOOLS ARE UNABLE TO CONTACT PARENT/GUARDIAN, PARENT/GUARDIAN AUTHORIZES INSTRUCTORS OR SKATE SCHOOLS TO CONTACT SUCH MEDICAL EMERGENCY PERSONNEL AS INSTRUCTORS OR SKATE SCHOOLS MAY THINK NECESSARY.

I/WE FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS INSTRUCTORS OR SKATE SCHOOLS FROM ANY CLAIMS MADE BY OR THROUGH ME BY THIRD PARTIES AGAINST INSTRUCTORS OR SKATE SCHOOLS.

I/WE FURTHER WARRANT THAT, IF I/WE AM SIGNING THIS WAIVER ON BEHALF OF A CHILD UNDER THE AGE OF 18 YEARS, I/WE AM A PARENT OR LEGAL GUARDIAN OF SUCH CHILD AND AM LEGALLY ENTITLED TO SIGN SUCH WAIVER.

I/WE FURTHER ACKNOWLEDGE THAT EVENTS MAY BE PHOTOGRAPHED AND FILMED. I/WE CONSENT TO THE USE OF ANY PICTURE(S) OR VIDEO(S) FOR THE PURPOSE OF NORMAL PUBLICITY AND PROMOTION OF INSTRUCTORS OR SKATE SCHOOLS AS WELL AS FOR NEWS RELATED PUBLICATIONS AND PUBLIC SERVICE ANNOUNCEMENTS, WITHOUT CHARGE. I/WE ALSO GIVE INSTRUCTORS OR SKATE SCHOOLS PERMISSION TO SEND MONTHLY E-BLASTS AND OTHER RELATED PARK INFORMATION.

I/WE CONFIRM THAT I/WE HAVE HAD AN OPPORTUNITY TO OBTAIN LEGAL ADVICE BEFORE SIGNING THIS ACKNOWLEDGEMENT AND WAIVER AND HAVE CHOSEN NOT TO DO SO.

Participant's Name (please PRINT) _____ Parent's Name (please PRINT) _____

Participant's Signature if over 18 years of age _____ Parent's Signature _____

Witness' Signature _____ Date _____

Proper safety equipment must be worn at all times including skate shoes or running shoes.

PARENT OR GUARDIAN MUST SIGN THIS IF YOU ARE UNDER 18 YEARS OLD.

Provision of false information or signature releases said parties from any and all liabilities, loss, cost claim or damage whatsoever.