

Name:

Address:

City: _____ Postal Code: _____

Email: _____ Telephone: _____

Emergency Contact and Telephone Number: _____

Waiver and Release

I intend to use some or all of the activities, facilities, programs and services offered at or by the Sport for Life Performance Centre (the "Centre").

In consideration of being allowed such use, I do hereby waive, release and forever discharge Sport Manitoba Inc., any associated or related persons, or any directors, officers, employees, agents, contractors, volunteers, insurers, successors, assigns or sponsors representatives and all others acting on its behalf (the "Releasees") from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered at or by the Centre, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered at or by the Centre.

I understand that each person (myself included) has a different capacity for participating in activities, facilities, programs and services and that participation carries an inherent risk. I am aware that all activities, facilities, programs and services offered are educational, recreational or self-directed in nature. I agree that my participation is strictly voluntary and has not been requested or required by the Releasees. I further agree that I assume any and all risk of injury, illness, damage or loss that might result. I further agree to assume all risk of damage, loss or theft to or of any of my personal property.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate without the approval of my physician. I assume all responsibility for my participation in the activities, facilities, programs and services offered at or by the Centre and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by the Centre may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some Centre employees, agents, representatives or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print), Signature, Date

Parent/Guardian (Print), Signature, Date
