

**ROPE SKIPPING CANADA RELEASE, WAIVER AND ASSUMPTION OF RISKS – 2020-2021**

THIS IS A LEGAL DOCUMENT. BY SIGNING THIS DOCUMENT YOU AGREE TO WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE ROPE SKIPPING CANADA.

**PLEASE READ CAREFULLY!** \_\_\_\_\_

Initials

Name of Participant: \_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: (athletes only) \_\_\_\_\_ (yyyy/mm/dd) CLUB Name: \_\_\_\_\_

**ASSUMPTION OF RISKS**

I am aware that participating in ROPE SKIPPING CANADA activities and programs may involve many risks, dangers and hazards including but not limited to: contracting COVID-19, equipment failure, falls, collisions, slips and falls, trips and falls, impact with other participants or objects, adverse health events such as heart attack, concussion or brain injury, tendon or muscle strain or rupture, bone fracture, urinary incontinence, or worsening of pre-existing injury or condition, and negligence of other participants, instructors or coaches.

I accept and fully assume all such risks, dangers and hazards and the possibility of personal injury and death that may arise from my participation in these activities.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of and exchange for ROPE SKIPPING CANADA allowing my participation in its activities and programs, I agree:

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Rope Skipping Canada AND TO RELEASE them from any and all liability or fault for any loss, damage, expense or personal injury, including death, that I or any of my family members may suffer as a result of my participating in ROPE SKIPPING CANADA activities.

I agree to waive claims for losses that are DUE TO ANY CAUSE OR REASON, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY DUTY OF CARE OR OTHER DUTY OF CARE ON THE PART OF ROPE SKIPPING CANADA.

I agree to waive claims for losses that are due to ANY FAILURE BY ROPE SKIPPING TO TAKE REASONABLE STEPS TO ENSURE MY SAFETY OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES OF ROPE SKIPPING CANADA.

**MEMBER RESPONSIBILITIES**

I agree to abide by the rules of RSC and its affiliated provincial Rope Skipping associations. While participating in Rope Skipping, I agree to wear clothing that is safe for Rope Skipping participation, I will not wear jewellery, and I will not chew gum. I will follow up-to-date guidelines regarding COVID-19 prevention, as per the Public Health authority where I am participating in rope skipping.

I agree to allow photos, videos and/or audio recordings taken of the participant named above, at any skipping event to be used exclusively by RSC for promotional purposes, including but not limited to the Club, Provincial or RSC websites, newspaper articles, press releases or live video streaming.

\_\_\_\_\_ Date

\_\_\_\_\_ Participant's Name Witness' Name

\_\_\_\_\_ Participant's Signature Witness' Signature (Legal Guardian for Participant, if under age of 18)



**ADDENDUM - Participation outside of regular practice facilities and without a certified coach present:**

My participation in all Rope Skipping Canada virtual events and activities is fully and purely voluntary and at my own risk. I accept and fully assume all such risks, dangers and hazards and the possibility of personal injury and death that may arise from my participation in rope skipping activities at home and/or any other location outside of my normal practice facility. I also fully assume all risks, dangers and hazards and the possibility of personal injury and death that may arise from my participation in rope skipping activities without the presence of a certified coach and/or first-aid provider.

I agree TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Rope Skipping Canada AND TO RELEASE them from any and all liability or fault for any loss, damage, expense or personal injury, including death, that I or any of my family members may suffer as a result of my participating in ROPE SKIPPING CANADA virtual events and activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name Witness' Name

\_\_\_\_\_  
Participant's Signature Witness' Signature  
(Legal Guardian for Participant, if under age of 18)

