

# Stonybrook Middle School Event Consent Form

**Teacher:** Mr. Al Thiessen

**Event Date:** Thursday, January 30<sup>th</sup>, 2020

**Event Transportation:** School Bus

**Event Cost:** Cost dependent on Activity chosen

**Information:**

All students will be registering for an Activity as outlined in the SMS Winter Activity Day Information letter.

## GENERAL CONSENT FORM FOR EVENT

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
5. I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

**Acknowledgement: I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I, \_\_\_\_\_ (print name), AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO AND AGREE THAT MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THIS EVENT/ACTIVITY.**

Dated: \_\_\_\_\_ Permission Granted: ☐ Yes ☐ No

Full Student Name: \_\_\_\_\_

Signed Parent/Guardian: \_\_\_\_\_

Form to be kept on file at the school for 7 years.



## WAIVER AND RELEASE OF LIABILITY FORM

### (ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT)

**By signing this document you will waive certain legal rights, including the right to sue**

#### ASSUMPTION OF RISK

- 1) I, the undersigned, wish to play Laser Tag. I recognize and understand that playing Laser Tag (hereinafter called the 'Game') involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the Game and injuries resulting from tripping or falling over obstacles in the Game playing field. In addition, I recognize that the exertion of playing the Game could result in injury or death.
- 2) Despite these and other risks, and fully understanding such risks, I wish to play the Game and hereby assume the risks of playing the Game. I also hereby hold harmless the 'Sponsors' and indemnify them against any or all claims, actions, suits, procedures, costs, expenses (including legal fees and expenses), damages and liabilities arising out of, connected with, or resulting from my playing the Game, including, without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of any and all equipment used in the Game. I hereby release the Sponsors from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the Sponsors that I am in good health and do not suffer from a heart condition or any other ailment which could be exacerbated by the exertion involved in playing the Game. I further certify that I am 18 years of age or older.

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

In consideration of participating in the Game, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have, or may in the future have, against

**U-Puttz Black Light Miniature Golf Inc. o/a U-Puttz**

Their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as 'the Releasees');

2. **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Game due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in the Game;
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

#### **PLEASE READ CAREFULLY**

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

\*Name (please print): \_\_\_\_\_  
(first) (last)

\*Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

\*Parent/ Guardian: \_\_\_\_\_  
(if player is under 18 years of age)

\*Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

\*Signature \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_  
(your email is only used for **U-Puttz Black Light Miniature Golf Inc. o/a U-Puttz**)

(Optional) **EMERGENCY PHONE CONTACT:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*required