TO: YYC Nerf Wars Club

Informed consent, risk acknowledgement and indemnity agreement

WARNING: By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives the YYC Nerf Wars Club authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

PLEASE READ CAREFULLY!

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardians name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardians address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that by allowing my child to participate in the activity(ies) of **YYC Nerf Wars Club** I will be exposing my child to the fallowing inherent risks, including but not limited to:

**General:**

* Theft, vandalism, damage or loss of personal property
* Any manner of harm, injury, illness, death or property damage suffered by or resulting from:
* Use, misuse, non-use and failure of any equipment;
* Travel by motor vehicle, bus or any other means of transportation to, from, during the activity(ies);

**Note: If you have pre-existing conditions which may be affected by your participation in the activity(ies) please consult with your physician.**

**During Event:**

Any manner of harm, injury, illness, death or property damage suffered by or resulting from:

* Impact, entanglement or impairment on obstructions, apparatus/equipment, floor, walls, trees, roots, rocks:
* Contact with participants, spectators, officials or other people;
* Being struck with projectiles;
* An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack or stroke;
* Abrasions, hand rips or other injuries resulting from activities such as running, jumping, diving, hiding;
* Falling from any heights
* Muscular injuries such as sprains and strains; bone injuries; fainting, chest discomfort; leg cramps and nausea;

I have explained the risks associated with this activity to my child and he/she understands the risks.

1. The YYC Nerf Wars Club may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child’s health and safety and I shall be financially responsible for such medical advise and services
2. I understand that it is my child’s responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explain to my child the need to fallow the instructions given by the instructor.
3. I understand the if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(ies) in which he/she is participating. I understand the the YYC Nerf Wars Club accepts no responsibility for and incidents or accidents occurring out of the use or misuse of my child’s equipment.
4. I agree to HOLD HARMLESS AND INDEMNIFY the YYC Nerf Wars Club and its organizers from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child’s participation in this activity.

**I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE YYC Nerf WARS CLUB MAY DEEM NECESSARY FOR MY CHILD’S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.**

Signed this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN WITNESS SIGNATURE (NON FAMILY MEMBER)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WITNESS NAME (please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WITNESS ADDRESS AND TELEPHONE #

This Agreement must be completed in full, without alteration, signed, dated and witnessed, before the child may participate in the activity(ies).