

**TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY****INFORMED CONSENT, RISK ACKNOWLEDGEMENT  
AND INDEMNITY AGREEMENT**

**WARNING:** By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by allowing your child to participate in the activity(ies) you are exposing him/her to the risks identified below. It gives the University 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: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

PARENT'S/GUARDIAN'S ADDRESS: \_\_\_\_\_

COURSE CODE & TITLE: \_\_\_\_\_

COURSE DATE: \_\_\_\_\_

I am aware that by allowing my child to participate in the **activity(ies) of Ice Skating** I will be exposing my child to the following 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, or during the activity(ies);

**NOTE: Please consult with your physician prior to: 1) participating in any physical activities, 2) the use of any equipment or 3) having any pre-existing conditions which may be affected by your participation in the activity(ies).**

**Ice Skating:**

Any manner of injury, illness or death resulting from:

- Falling or impacting against the floor, ice surface, walls, rink boards or equipment such as skates or helmets;
- Contact with participants, spectators, officials or other people;
- An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
- Muscular injuries such as sprains and strains; bone injuries; fainting, chest discomfort, muscle cramps and nausea.

**NOTE: Wearing a helmet is required for this activity.**

**NOTE: Proper equipment appropriate for this activity is required.**

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

1. The University of Calgary 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 advice 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 explained to my child the need to follow the instructions given by the instructor.
3. I understand that 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 that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.  
 \_\_\_\_\_ (Initial here that you have read paragraph 3.)
4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of the University of Calgary 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 the activity(ies).

**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 UNIVERSITY 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

\_\_\_\_\_  
PARENT OR GUARDIAN NAME (please print)

\_\_\_\_\_  
WITNESS SIGNATURE (Non Family Member)

\_\_\_\_\_  
WITNESS NAME (please print)

\_\_\_\_\_  
WITNESS ADDRESS

\_\_\_\_\_  
WITNESS TELEPHONE #

**This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraph 3 must be initialed before the child may participate in the activity(ies).**