

Ontario Rope Skipping Organization Waiver and Release of Liability Agreement

I, _____, hereby agree to participate in activities and events organized by the Ontario Rope Skipping Organization (the "Organization") for the sport of jump rope. I understand that my participation in these activities involves certain inherent risks, and I willingly assume these risks in consideration for being allowed to participate. I acknowledge and agree to the following terms and conditions:

Assumption of Risk

I acknowledge that participating in rope skipping activities may involve physical exertion, potential for injury, and exposure to certain risks, including but not limited to sprains, strains, fractures, concussions and other physical injuries. I acknowledge and accept these inherent risks.

Initial: _____

Release of Liability:

I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release and discharge the Organization, its officers, directors, employees, agents, and representatives, from any and all claims, demands, liabilities, actions, or causes of action, present or future, whether known or unknown, anticipated or unanticipated, arising from or related to my participation in the Organization's activities.

Initial: _____

Photo and Video Release

I grant the Organization and its authorized representatives the right to take photographs, video recordings, and other images of me during participation in the Organization's events and activities. I understand that these images may be used for promotional, educational, or informational purposes, including but not limited to website, social media, and print materials. I hereby release the Organization from any claims related to the use of these images.

Initial: _____

Personal Responsibility

I understand that I am responsible for my own safety and well-being during participation in the Organization's activities. I will follow all safety guidelines, rules, and instructions provided by the Organization and its representatives.

Initial: _____

Emergency Medical Care

In the event of an injury or medical emergency during my participation, I authorize the Organization to obtain or provide medical care or treatment as deemed necessary. I understand that I am responsible for any medical expenses incurred as a result of such treatment.

Initial: _____

Governing Law

This Agreement shall be governed by and interpreted in accordance with the laws of the province of Ontario.

I have read this Waiver and Release of Liability Agreement, fully understand its terms, and voluntarily agree to its provisions. I acknowledge that I am signing this agreement freely and without any inducement or assurance of any nature.

SIGNED this _____ day of _____, 2023
(day) (month)

Participant's Name (printed)

Participant's Signature

Parent/Guardian (if participant is under 18)

Parent/Guardian Name

Parent//Guardian Signature