



No. d'enregistrement : _____

Waiver and Registration form

DATE (DD/MM/YY) _____

DATE OF BIRTH OF THE USER (DD/MM/YY) _____

Feminin..... Roulodôme.....

Masculin..... Skatepark.....

Name _____

First name _____

Address _____

City _____

Province _____

Postal Code _____ Telephone _____

Email address _____

Name in case of emergency _____ Contact _____

Telephone in case of emergency _____

IN-LINE..... SKATEBOARD..... BMX..... OTHER.....

Under 18 parent/legal guardian must sign. Any initiation of signature will cancel the present and participant will be expelled.

The undersigned recognizes that in-line skating, skateboarding, BMX and the use of jumps, rails and ramps and any other facilities or equipment (the "activities") involves a risk of accident and injury and acknowledges this reality. I also recognize that I can be injured by a third party losing control in any occasion. I therefore assume all risks involved and exonerate Le TAZ, Centre communautaire et multidisciplinaire, as well as it's partners, sponsors, employees, representatives and patrons and also the City of Montreal from all responsibility or law suits.

Participant represents that he/she is physically fit and adequately trained to safely participate in this physically demanding activity.

Participant authorizes any medical treatment deemed necessary in the event of any injury while participating in activities. It is the responsibility of participant to carry full and complete insurance coverage for personal bodily injury and personal property damage to costs of rescue and/or medical services that may be incurred on behalf of the participant.

Le TAZ shall not be liable for the loss or theft of, or damage to, the personal property of any participant, visitors or others.

Protection equipment is obligatory as specified in the rules. The users of TAZ who don't follow our rules will be expelled without any refund of any kind (day pass, membership or other).

I hereby authorize the TAZ to use any image, photograph or videotape of me (or my child) within the framework of the activities of the TAZ and/or for promotional purposes, without remuneration.

I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I also recognise that a representative of Le TAZ has explained to me the above and the rules of Le TAZ.

SIGNATURE OF PARTICIPANT _____ SIGNATURE (PARENTS OR TUTOR, IF MINOR) _____

Name of parents in block letters _____

Contact in case of emergency (cell phone): _____

Signature of Le TAZ representative confirming he has read and explain the above and rules of conduct of Le TAZ.

Name _____ Signature : _____