

**TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY,
INTERNATIONAL SKATING UNION, SPEED SKATING CANADA AND ALBERTA AMATEUR
SPEED SKATING ASSOCIATION (COLLECTIVELY REFERRED TO AS "THE RELEASEES")**

**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 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: _____

EVENT NAME: **SPEED SKATING COMPETITIONS**

EVENT DATES: **SEP 30/2011 - MARCH 18/2012 OLYMPIC OVAL COMPETITION SEASON**

I am aware that by allowing my child to participate in the **activity of Speed Skating - Competitions** 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.

Speed Skating - Competitions:

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

- These activities, which include high speeds, involve many risks of both minor and severe personal injuries;
- Falling, impacting, entanglement or impairment on obstructions, apparatus/equipment, against the floor, ice surface, walls, rink boards or bumpers;
- Collisions between other skaters/participants and/or their skates, spectators, officials or other people;
- Strenuous physical activity which can increase the 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; fainting, chest discomfort, leg cramps and nausea; head, spine or bone injuries; injuries to the extremities such as lacerations;
- Not skating safely and/or within ones own abilities.

NOTE: Short Track Speed Skating - Proper equipment appropriate for this activity is required to be worn which includes: helmet, neck guard, gloves and cut-proof skin suit.

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 Releasees. I have explained to my child the need to follow the instructions given by the Releasees.
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 in which he/she is participating. I understand that the Releasees accept 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 Releasees 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 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

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.