



***Adult and Child/Ward Waiver/Release of Liability – Read Before Signing**

*Program: Autism Ontario – Free Skate and Hockey

*Chapter: Halton Chapter and any other participating Chapters

*Program Dates and Locations: Mainway Arena, Burlington, Ontario, November 4, 2007, Appleby Arena 5-6pm, December 2, 2007, Aldershot Arena 2-3pm, December 30 2007, Appleby Arena 4-5pm, January 20, 2008, Appleby Arena 4-5pm, February 3, 2008, Appleby Arena 1-2pm

*In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me and/or my child/ward to participate in this program or part of this program for Autism Ontario, I hereby agree that participation in the program or part of the program is and shall be at my own and my child(ren)'s/ward's own risk against all injuries and/or damage to myself and/or my child(ren)/ward and/or my and/or my child(ren)'s/ward's property and I myself, my assigns, my heirs, my beneficiaries, representatives, next of kin, spouse or legal equivalent to spouse, children, wards, successors and executors hereby release, forever discharge and save and/or hold harmless Autism Ontario and its Chapters, officers, directors, officials, agents, employees, advertisers, sanctioning bodies, sponsoring companies, participants, entrants, volunteers and organizers connected with this program or part of this program from and against any and all actions, claims, costs and expenses in respect to death, injury, loss or damage to my and/or my child(ren)'s/ward's person or my and/or my child's/ward's property however caused, arising out of me and/or my child(ren)/ward(s) being permitted to participate in this program or part of this program for Autism Ontario - Halton Chapter.

*I the undersigned acknowledge that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and I knowingly and freely assume all risks, both known and unknown, even if rising from the negligence of the releasees or others, and assume full responsibility for my participation.

*I have read this waiver/release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature _____

Print Name _____

Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS

This is to certify that I as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above * of all the releasees.

Parent or Legal Guardian Signature _____

Name of participant Child/Ward 1. _____

2. _____

3. _____

4. _____

5. _____

Date _____