

RELEASE/WAIVER

PARTICIPANT INFORMATION

Full Name

Parent/Guardian Full name

Address

City/Province

Postal Code

Birthdate

Health Card Number

Home Phone

Cell Phone

LIABILITY RELEASE

I, undersigned parent or legal guardian of the above named minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to train at or participate in the event being conducted by BOSS Athletics. I understand and acknowledge that with this participation there is a risk of injury and that my daughter/son is assuming the risk of such injury.

I, on my own behalf as participant or on behalf of Minor, agree to release and to hold harmless BOSS Athletics, the club owners, Sienna Borland and Carley Weisbeck, and the representatives and employees of BOSS Athletics (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses including any claim arising out of or connected with any illness or injury that may incur or sustain during participation in the activity.

APPEARANCE AGREEMENT

I understand that BOSS Athletics from time to time produces promotional material relating to its business. I understand that as participant and/or a spectator at the event/activity that I, or Minor may be included in videos or photographs taken during the event/activity. Therefore, I, on my own behalf or on behalf of Minor, hereby assign, transfer and grant BOSS Athletics the right to photograph and/or videotape me or Minor and to utilize such videotapes and photographs and as a part of the event/activity in advertising and promotions.

RELEASE/WAIVER

MEDICAL RELEASE

I, on my own behalf, or on behalf of Minor, acknowledge and agree that participation results in possibility of physical illness or injury. In the event of such illness or injury, I authorize BOSS Athletics to obtain necessary medical treatment for me, or Minor and hereby, on my own behalf or on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of myself, or Minor for any illness or injury that may be sustained. I represent that any medication that I am, or that Minor is allergic or medications that I am, or Minor is currently taking are listed below. I agree that I, or Minor shall bring medications where necessary and shall consume the prescribed dosage for such medications.

Medications (if any)

Allergies (if any)

I acknowledge that the participant suffers from the following conditions

I, on my own behalf or on behalf of Minor, hereby warrant that I have read this Liability Release and Waiver in its entirety and fully understand its contents. I, on my own behalf or on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf or on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Participant or Parent/Guardian (if participant is a minor)

Date

Relationship to Minor (if applicable)