

**Ontario ParaSport Association/CCO/_____ District
Participant Risk Acknowledgement, Release of Personal and Medical
Information and Release, Waiver of Claim and Assumption of Risk**

**Lending Equipment:
Disclaimer of Liability**

Borrowing and/or using equipment owed by the Ontario ParaSport Association (PO), borrowed from CCO and _____ District may include elements of risk and as the parent(s) or legal guardians of participants, you will be required to complete, date and sign this participant Risk Acknowledgement, Release of Personal and Medical Information, and Release and Waiver of Claim and Assumption of Risk before borrowing and/or using any PO equipment. PO, CCO and _____ District believes that the use of equipment and participation in Para-Nordic Programs should be based on the informed consent of the parents or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during a Camp and or training activity or in borrowing and/or using a piece of equipment.

Risks or dangers identifiable and unforeseen in outdoor activities may occur while yourself or your child(ren) or charge(s) participate in activities while borrowing and/or using PO equipment. Poor weather, bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions and the possibility of personal injury, death and other possible risks. Property loss and damage to personal belongings may also occur.

I have read the risks as outlined above and I clearly understand that there is the potential for identifiable and unforeseen risks or dangers while borrowing and/or using the PO equipment.

In borrowing and/or using any PO equipment you are acknowledging and accepting the risks or dangers that may occur while borrowing and/or using any OPA equipment and thereby you as the parent(s) or legal guardian(s) of participants are accepting the risks or dangers of borrowing and/or using this piece of equipment.

In consideration of myself or my child(ren) or charge's borrowing and/or using any PO equipment, I agree and acknowledge that:

1. Myself or my child(ren) or charge(s) have met all of the requirements for participating in the activity.
2. I freely and voluntarily release and discharge the PO, CCO, _____ District and _____ Club, its employees, agents, instructors, volunteers, and program leaders from all claims, demands, actions or causes of action for damaged, property loss or personal injury except negligence on the part of the PO, CCO _____ District/ and _____ club, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the use of any OPA equipment.
3. I waive any claim I may have against the PO, CCO, _____ District/and _____ club arising from myself or my child(ren) or charge(s) borrowing and/or using PO equipment and I will indemnify and save harmless the PO, CCO, _____ District/and _____ club, its agents, employees, instructors, volunteers, and program leaders for any claim, except negligence on the part of the PO, CCO, _____ District/and _____ Club .

4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release Waiver of Claim and Assumption of Risk as a parent or guardian of a participant, I acknowledge that there are associated risks and hazards in borrowing and/or using the equipment to which I am willing to expose my child or charge and I will pay for any costs incurred by the PO, CCO, _____ District/and _____ Club should a suit be launched on my child's or charge's behalf, except in the case of negligence on the part of the PO, CCO, _____ District/and _____ Club.

5. The PO, CCO, _____ District/and _____ Club including its agents, employees, volunteers, instructors and program leaders may collect, use, retain and disclose myself, my child(ren) an/or charge(s) personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience. For example, disclosure of personal information to third parties may occur in the event of an accident or sickness. The retention period for the personal information is seven (7) years from the date of its collection.

6. The PO, CCO, _____ District/and _____ Club may secure such medical advice and services as it, in its sole discretion, may deem necessary for myself, my child's or charge(s) health and safety and I shall be financially responsible for such advice and services that exceeds coverage by the Ontario Health Insurance Plan (OHIP). I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.

7. **I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING** the Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk, and voluntarily accept and assume the risks or dangers inherent and unforeseen in borrowing and/or using OPA equipment, including personal injury and property loss, except in the case of negligence on the part of the PO, CCO, _____ District/and _____ Club.

I give my informed consent to the terms and conditions of this document.

Participant(s) full name: _____

Signature of Parent/Legal Guardian: _____

Dated location: _____, Ontario. _____
 (Day/Month/Year)