

INFINITE EDGE MOVEMENT WAIVER FORM

PARTICIPATION WAIVER

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it potential for property loss, serious injury or death. The risks may include, but are not limited to, those caused by facilities, condition of participants, equipment and actions of the other people, including, but limited to, participants, coaches, spectators and those in charge of the activity at the time.

ACCIDENT WAIVER AND RELEASE LIABILITY FORM

I hereby assume all the risks of participating at Infinite Edge Movement. I certify that any injuries occurred to my child or the others due to misuse of equipment, negligence of house rules or dangerous actions are solely my responsibility and not the responsibly of the organisers or those in charge of the activity at the time.

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it potential for property loss, serious injury or death. The risks may include, but are not limited to, those caused by facilities, condition of participants, equipment and actions of the other people, including, but limited to, participants, coaches, spectators and those in charge of the activity at the time.

I hereby give consent to receive medical treatment which may be deemed advisable by those in charge in the evet of injury, accident and/or illness during the activity.

I acknowledge that the Accident waiver and release form, will be used by those in charge of the activity that it will govern actions and responsibilities and set activity. The accident waiver and release of liability shall be constructed broadly to provide a release and waiver to maximum extent permissible under applicable law.

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child ward's participation in the activity or event, and has agreed individually and on behalf of the child or9 ward, to the terms of the accident waiver and release and liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon set parties and release set parties on behalf of the minor and the parents legal guardian.

Please fill in the table on the reverse of this Waiver if you agree.

<u>Parent</u> <u>Full Name</u>	Medical/Allergies	<u>Contact</u> (<u>Phone or Email)</u>
	Full Name Full Name	Parent Full Name Medical/Allergies Full Name