

Parks, Forestry & Recreation  
Jim Hart  
General Manager

Earl Bales Park  
4169 Bathurst St  
Toronto, ON M3H 3P7

Tel: 416 395-7931  
Fax: 416 395-7875

## RISK WAIVER FORM

*\*ALL STUDENTS MUST HAVE THIS FORM FILLED IN ORDER TO USE HILL\**

### LESSON & SKI/SNOWBOARDING RENTAL RELEASE OF LIABILITY

This form must be signed in order to process any registrations and by signing this document, you will waive certain rights including the right to sue. Please read carefully before signing.

I have reviewed the information on this Snow School registration form and I have made no misrepresentations in regard to my height, weight, age or skiing ability. I accept and understand that there are inherent and other risks involved in snow skiing / snowboarding and that injuries are a common and ordinary occurrence of the sport and I freely assume those risks. I understand that ski boot-binding systems will not release at all times or under all circumstances, nor is it possible to predict every situation in which it will release, and is therefore no guarantee for my safety.

In consideration of the rental to me of this equipment and acceptance into the program, I hereby agree:

- 1) To waive any and all claims that I may have against the City of Toronto, its directors, officers, representatives, and employees (hereinafter referred to as the "Releases")
- 2) To release the Releasees from any and all liability for any loss, damage, injury or expense sustained by me or my next of kin resulting from my use of the equipment or any negligence or breach of contract on the part of the Releasees in selecting or adjusting the equipment; and
- 3) To hold harmless the Releasees from any and all liability for any property damage or injury to any third party resulting from use of the equipment.

I, the undersigned, have read and understand the Rental Lesson Release Agreement above (Must be signed by person 18 years of age or older).

#### *Please PRINT*

Name of School: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Daytime #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out Rental Equipment Information and Ability as accurately as possible using the Ability Chart located on the reverse side.**

Indicate your selection by checking the appropriate box (i.e.  or )

I would prefer to: Ski  Snowboard

I require Rental Equipment: YES  NO

Skiing/Snowboarding Ability Beginner  Intermediate  Advanced



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## SITUATION AWARENESS FORM

*\*Information provided will only be shared with your child's immediate instructor and our Ski Patrol (on-site First Aid providers) to ensure an optimal visit\**

**Please PRINT**

**Student's Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

<u>Alert</u>	<u>Procedures</u>
<i>Example:</i> Asthma	<i>Example:</i> Requires 1 dose of inhaler

**Further Explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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