

# EXPLOSION GYMNASTICS

5106 - 49 Avenue

Lloydminster, AB/SK S9V 1P2

306-825-7999

## Transportation Services Waiver and Release

Please read this form carefully and be aware that in consideration for Explosion Gymnastics' Transportation Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your child might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that Explosion Gymnastics is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my child may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my child may have (or accrue to my child) against Explosion Gymnastics, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Party").

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that my child may have or which may accrue to my child and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the Provinces of Alberta and Saskatchewan.

**I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line and facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Participant/Child's Name: \_\_\_\_\_ (please print)

Guardian's Name of above-listed Participant/Child: \_\_\_\_\_ (please print)

Guardian's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

PARTICIPATION WILL BE DENIED If the Guardian's signature and date are not on this waiver.