ASSUMPTION OF RISK AND INFORMED CONSENT

BY SIGNING THIS DOCUMENT, YOU UNDERSTAND AND ACCEPT THE RISKS ASSOCIATED WITH THE EVENT FOR YOUR CHILD AS HIS OR HER PARENT OR LEGAL GUARDIAN. PLEASE READ CAREFULLY!

	sideration of permission ticipate in	. –	the future by the Town of Three hills (the to	wn)	
(the event) on		(date), I agree and acknowledge that:			
1.			(my Child) has met all the prerequid will abide by its rules and regulations.	sites	
2.	Participation in the event has risks and hazards. As a participant, my child may suffer from property damage, personal injury, and even death. I freely and voluntarily assume all of the risks and hazards of participation including the legal risk. This means that I am giving up my right to sue the town for any reason, including negligence, if my child suffers any damage, injury, loss or death by participating in the event.				
3.	 I waive claim I may have against the town arising from my child's participation in the event, however it is caused, and I agree to indemnify and hold harmless the town from all claims arising from my child's participation in the event. The town may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible fo such advice and services. 				
4.					
Full No	ame of Participant		DOB (YYYY-MM-DD) of Participant		
Name of Parent/Guardian		Signature	 Date		