

Workshop Waiver Form



Date : _____

Title of Workshop: _____

NAME OF PARTICIPANT:

First: _____ Initial: ____ Last: _____

Age : ____ Date of Birth: ____/____/____

ADDRESS:

Unit #: ____ Street #: _____

City : _____ Province/State : _____ Postal Code: _____

(Here after referred to as the 'Participant') Terms and Conditions: Read the following carefully and initial in the space provided as an indication that you have read, understood and agree with what is written.

1. The Participant acknowledges and understands that the nature of the curriculum covered in this workshop is of an inherently dangerous nature and that there is no guarantee for their perfect safety.
Initial: ____
2. The Participant takes full responsibility for their own safety. In the case of an accident of any kind, you or your representatives will not hold Fight Directors Canada, the Staff or the University responsible.
Initial: ____
3. In the case of an occurrence involving injury, the Participant waives all rights to pursue legal or civil action against any of the above-mentioned companies or individuals working for them.
Initial: ____

I _____ (your name) hereby state and confirm that I have read, understood and am in full agreement with the statements printed above.

Participant name: _____ Participant Signature: _____
(Print)

Witness Name: _____ Witness Signature : _____
(Print)