

RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF RISK

WARNING: BY SIGNING THIS WAIVER YOU ARE WAIVING CERTAIN LEGAL RIGHTS – PLEASE READ THE DOCUMENT BELOW CAREFULLY

The Guardian must Read and Understand this form prior to the Child participating in Odin’s Axe Ltd. Activities

Participant full name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal Code _____

Parent/Legal Guardian full Name _____ phone number _____

Emergency Contact name and phone number _____

THE UNDERSIGNED PARTICPANT AND PARENT AND/OR GUARDIAN HEREBY CERTIFY THAT PARTICIPANT IS UNDER 18 YEARS OLD, THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS AGREEMENT AND ITS TERMS. THAT PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS AGREEMENT. I AM AWARE, BY SIGNING THIS AGREEMENT, I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN RIGHTS THAT I AND EACH OF MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Date: _____

First and last name: _____

Signature: _____

Witness: _____

I AM A PARENT/GUARDIAN OF THE PARTICIPANT, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE PARTICIPANT, AND, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF THE PARTICIPANT.

Parent/Guardian Name: _____