



KIDS SPORTS CAMP PROGRAMS

WAIVER

I, the undersigned acknowledge that I am the parent/guardian of the participant and agree to allow him/her to participate in all activities at the Markham Sports Dome – Kids Sports Camp Programs. On behalf of the participant and our respective heirs; executors, administrators, and assigns, hereby release, waiver, and forever discharge and hold harmless Markham Sports Dome Inc., and all their employees, President, Directors, volunteers, trustees, contractors and sponsoring companies, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of actions resulting from any loss, accident, death, injury or damage to person or property which has arisen or may arise from his/her participation in the activities or otherwise at Markham Sports Dome – Kids Sports Camp Programs.

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned acknowledge that I am the parent/guardian of the participant and do hereby grant my permission for him/her to participate in the Markham Sports Dome – Kids Sports Camp Programs, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize Markham Sports Dome Inc. and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release Markham Sports Dome Inc. and all members of the program's staff, facility and it's staff, the local hospital and their doctors, agents, employees, and representatives, and all officers of Markham Sports Dome Inc. from any and all claims and liability arising in any way out of its exercise of authority. I understand and agree that all bills for any medical/dental care and treatment will be forwarded to the undersigned and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in any camp program activity there is a possibility of physical illness or injury and that I, as parent or guardian of the participant, am assuming the risk of such injury by his/her participation and release Markham Sports Dome Inc., from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind.

I have read the above Waiver and Medical Treatment Authorization and Liability Release and agree to these terms and conditions.

In addition, I have downloaded and read the [KIDS SPORTS CAMP PROGRAMS INFORMATION PACKAGE & POLICIES](#) and agree to these terms and conditions.

I certify that I am authorized to sign this release without the consent of any other person.

Name of Participant (Camper) _____

Signature of Parent/Guardian _____ Date _____