



## 2016-2017 Rope Skipping Canada Waiver/Release Form

This form covers all RSC SANCTIONED practices, demonstrations, competitions and workshops for the 2016-2017 season.

\*\*\* All athletes/coaches/managers/presidents/judges and volunteers at workshops and competitions MUST submit a signed release form to their Provincial Organization. All participants, where possible, must be registered members of their Provincial organization (where applicable) and Rope Skipping Canada (RSC) prior to the event.

Name of Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: (athletes only) \_\_\_\_\_(yyyy/mm/dd)

CLUB Name: \_\_\_\_\_

Please note that the Rope Skipping Canada insurance policy and safety guidelines require that all athletes wear clothing for safe participation, including athletic shoes and sport clothing that allows freedom of movement and will not pose a safety problem for the participant or others. Jewellery or gum chewing is not allowed.

I agree to allow any photos, videos and/or audio recordings taken of the participant named above, at any skipping event to be used exclusively by RSC for promotional purposes. These mediums may include the Club, Provincial or RSC websites as well as newspaper articles and press releases or livestreaming of any RSC sanctioned event.

By signing this waiver, I agree to adhere to and abide by the rules and regulations of Rope Skipping Canada (RSC), Rope Skipping Alberta (ASA), JumpRope B.C.(JRBC), Ontario Rope Skipping Organization (ORSO) and Rope Skipping Association of Nova Scotia (RSANS), the host club(s) and owner(s) of rented/donated space for practices, workshops, demonstrations and competitions, assume no responsibility for any injury to myself or loss or damage to myself or loss or damage to any property.

**This release must be signed and dated.**

Parent/guardian signature (participant under 18 years) \_\_\_\_\_

Signature of participant (participant 18 years or over) \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_