



**Dark Horse Athletic Inc.
Registration/Waiver Form**

Name of athlete: _____ Age: _____
Program location: _____
Address: _____ City: _____ Province: _____
Email: _____
Home phone: _____ Cellphone: _____
Parents/Guardians _____
Emergency contact and phone: _____
Medical concerns/allergies: _____

Waiver

I realize that participation in athletic endeavors entails the risk of personal injury. Such risks may include, but are not restricted to slips, falls, physical contact with other people, equipment or facilities, other accidents or abnormal climatic conditions.

I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, attendance and participation in activities provided by Dark Horse Athletic Inc. for myself and for my child.

I accept my responsibility to abide by the law, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for athletic and recreation activities.

I accept full responsibility for my level of participation and use of equipment by exercising my judgment, based on my own experience and competence. In consideration of approval to participate in such activity, I and any personal representative, hold harmless, release and forever discharge Dark Horse Athletic Inc., their directors, officers, coaches, trainers, participants and volunteers from any and all actions, causes of actions, claims, and demands for damages, loss or injury, resulting from or arising out of my participation and the participation of my child in such activities.

I also indemnify and save harmless Dark Horse Athletic Inc. from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my child's participation in such activities, by reason of damage to any and all property and any and all personal injuries, including death of others or my child.

I agree to abide by the rules as set forth by the training facility and the coaches and/or instructors of Dark Horse programs.

Media Release

I understand that Dark Horse Athletic Inc. may photograph and/or video my child. I permit Dark Horse to use my child's image(s) for their website, Facebook, Twitter and promotional materials/avenues.

Name of Parent: _____

Signature of Parent: _____