

**Scooter's Speed Club of Mississauga Guest Waiver # \_\_\_\_\_**

**Per Practice Fee = \$20.00**

	Last Name	First Name
Name/s	1. _____	_____
	2. _____	_____
	3. _____	_____

**Waiver: I/we hereby promise to follow all the rules (expectations) of the club for which I am registering. I/we acknowledge and understand that the Scooter's Indoor Speed Club Executive, Coaches, Instructors, Volunteers, and the Scooter's Roller Palace Inc. proprietors, officers and staff will not be liable for any injuries received while skating or for loss of or for damage to equipment. I/we for myself/ourselves, executors, administrators, heirs, successors, and assigns irrevocably waive, release, indemnify and hereby agree that I/we shall make no claim, and bring no action, suit or proceedings, for any and all damages, losses, liabilities or cost, in any matter suffered or incurred against the Scooter's Indoor Speed Club Directors, Coaches, Instructors, Volunteers, the Scooters Roller Palace Inc. proprietors, officers and staff as a result of my/our participation in the activity for which I/we have registered herein.**

**Further I/we realize that if; as a non-member of Roller Sports Ontario (RSO) and Roller Sports Canada (RSC) the only insurance coverage I/we have when skating as a guest with this club is what I/we am/are covered by under my/our own personal insurance.**

Signature of Applicant: 1. \_\_\_\_\_ Date: \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under 18yrs of age.)

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

Postal Code: \_\_\_\_\_ Ph.# Ho: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MEDICAL / HEALTH INFO** (anything the club officials should be made aware of)  
YES / NO

*If YES please write notes on the other side of this page.*

**GUEST: RSO/RSC #** \_\_\_\_\_ **RSO/RSC Club:** \_\_\_\_\_

**GUEST (Non RSO/RSC member):** (# skates & dates) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_