AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY

In consideration of being allowed to participate in any way in the Sport School Junak o/b HHTP.Inc athletic/sports program, ski school, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury **arising from** participation in the activities involved in this program is significant, i ncluding the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce t his risk, the risk of serious injury **or i llness** does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official i mmediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Sport School Junak, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL I NJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

BY ELECTRONICALLY SIGNING THIS WAIVER AND TYPING MY NAME BELOW I CERTIFY THAT I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

PARENT/GUARDIAN'S NAME

PARTICIPANT'S NAME

Date MM/DD/YYYY

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incidents to my minor child's involvement or participation in these programs as provided above.

REGISTRATION FORM

Tel: 905 334-6953
www.sportskaskolajunak.com
sportskaskolajunak@gmail.com

Athlete's Info

Last Name	First Name	Gender	Birthday MM/DD/YYYY	Age on Dec. 31, 2026	T-Shirt size (Youth)
		Male			

Address	City	Province	Postal Code

Parent's Info

1. Parent/Guardian First and Last Name	E-mail address	Cell Phone	Home Phone	Work Phone

2. Parent/Guardian First and Last Name	E-mail address	Cell Phone	Home Phone	Work Phone

Emergency contact information during program hours

First and last name	Relationship	Cell Phone	Home Phone	Work Phone

Health information

Does your child have any medical problems (such as heart, vision, asthma, hearing, depression, anxiety. etc.)?

☐ Yes ☐ No

If Yes, please explain:

Does your child have any allergies?

☐ Yes ☐ No

If Yes, please explain:

Sport School Junak Program fees: Membership payment schedule for 2026/2027

10% DISCOUNT FOR SIBLING

Wednesdays 18:00-19:15 PM

☐ FUNDAMENTALS ATHLETES 6-9 years

10 classes per session

Fall session - Sept. 30 - Dec.16, 2026
Winter session - Jan. 14 - Mar. 31, 2027
Spring session - Apr.07 - June 09, 2027

Sept. 30 - Dec. 16, 2026	$480.00	☐
Jan. 14 - Mar. 31, 2027	$480.00	☐
Apr. 07 - Jun. 09, 2027	$480.00	☐
TOTAL		

SINGLE PAYMENT $ DATE

OFFICIAL USE ONLY

Date	Amount	#Cheque, E-TR, Cash
TOTAL		

Select preferred method of payment: E-Transfer

Program fees paid: ☑ Full Amount

* Additional 3% processing fee will be added when using a PayPal option.
***HST is included in all prices.
Upon receiving your application, we will send you an invoice and instructions for your preferred method of payment. All fees are non-refundable.

Photo release

☐ Yes I give permission to Sport School Junak to include my child in photos and/or videos taken by program staff, and/or occasional videos taken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used.

☐ No If you do not wish your child to be included in any photos or videos please understand that your child is fully aware that he/she must exclude themselves from any/all individual/group photos or videos.

There is a risk of injury involved in training and participation in any sport. Sport School Junak will make every effort to create safe and controlled environment. In an unlikely event that an injury to my child occurs arising from participation in the program activities, I hereby release all employees, instructors and Director from any and all claims. I give program officials the right to act on my behalf in case of an emergency.

BY ELECTRONICALLY SIGNING THIS APPLICATION AND TYPING MY NAME BELOW, I CERTIFY THAT INFORMATION I PROVIDE IN THIS APPLICATION IS CORRECT AND THAT I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

Parent/Guardian's name	Date MM/DD/YYYY

Once your fill out this registration form, first, for your records, save this PDF document on your PC and email it back to us to complete your registration.

CLICK HERE TO SAVE YOUR REGISTRATION