



Waiver & Guidelines

Hill Academy Summer Camps are operated by The Hill Canada Inc.

Athlete Information

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Health Card (HC) #: _____ HC Province of Issue: _____

Health Insurance Company & Policy #: _____
(if applicable)

Emergency Contact Information (Used in order provided):

1. Last Name: _____ First Name: _____
Relationship: _____
Phone Number: _____ Alternate Phone Number: _____
Email Address: _____

2. Last Name: _____ First Name: _____
Relationship: _____
Phone Number: _____ Alternate Phone Number: _____
Email Address: _____

Health Questions

Do you take prescription medication? Y N

Do you have: Back pain, knee pain, shoulder pain? Y N

Do you have high blood pressure, asthma, diabetes or a heart condition?

Previous injuries or surgeries? Y N

Have you ever had a concussion? Y N If yes, when? _____

Any other health conditions or concerns not listed? If yes, please explain:



Photography/Video Release

Participants involved in any activities offered by The Hill Canada Inc. may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on The Hill Academy website or in any editorial, promotional or advertising material produced and/or published by The Hill Canada Inc. Initials: _____

Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in the types of activities offered by The Hill Canada Inc. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others. Initials: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that if I am signing on behalf of a minor child, I give full permission for any person connected with The Hill Canada Inc. to act on my behalf should any emergency medical treatment be required for the participant herein named.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by The Hill Canada Inc. Therefore, the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless The Hill Canada Inc., their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by The Hill Canada Inc., at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by The Hill Canada Inc.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature of Participant: _____ Date: _____

If the participant is under the age of 18,
Parent/Guardian Signature: _____ Date: _____