

ACKNOWLEDGMENT OF RISK STATEMENT

In consideration of Houle Games and Entertainment Ltd. (hereafter "Houle") allowing me/my child to participate in its activities:

AS A PARTICIPANT OR PARENT/GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:

Houle provides equipment for activities including but not limited to Mechanical Bull Ride, Kids Bouncers and Slides, Inflatable Games, Carnival and Picnic Games, Casino Rentals, Arcade and Video Games, Sports Simulation Games, Laser Tag, Sports Bar Style Table Games, Money Booth and Photo Booth Rentals, Specialty Artists and Entertainers, Music Services (referred to herein as "activity"). More information on the activities can be found on our website at www.houlegames.com.

Participation in an activity entails known and unanticipated risks that could result in physical or emotional injury or damages to me/my child, to property, or to third parties. Such risk cannot be eliminated without jeopardizing the essential qualities of the activities.

The risks of these activities include but are not limited to sprains, torn muscles and/or ligaments; fracture or broken bones; dental damage; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; oxygen shortage (anoxia); head, neck, and or spinal injuries; shock; paralysis and/or death.

These risks may be caused by falls, collisions and close contact with other participants and fixed objects, fatigue, psychological stress, equipment failure, and my/my child's sense of balance, physical coordination, and ability and willingness to follow instructions. Some participants experience an increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, or a fear of heights.

All of the activities are voluntary.

It is the responsibility of the participant to limit his or her participation in any way he/she deems appropriate. Houle does not make a determination of a participant's fitness for an activity; rather, the participant represents to Houle and verifies that he/she is physically fit and ready for an activity, and that the activity is suitable for the participant.

The participant agrees to comply with all rules and directions made or given by Houle and its employees, volunteers, assistants and contractors in connection with the activity.

I am aware that Houle does not carry medical or dental insurance for the participant, and it is my responsibility to arrange for insurance for the participant as I see fit.

For the parent: I have discussed these risks with my child. My child understands and acknowledges these risks. My child also understands that he or she assumes these risks in the event he or she decides to participate in an activity.

Please read and complete page 2 of this form



**ACKNOWLEDGMENT OF RISK STATEMENT
AS A PARTICIPANT OR PARENT/GUARDIAN, I AGREE:**

In the event of an accident requiring medical attention at an activity supervised by Houle, I authorize Houle and its agents to render or seek emergency or first aid assistance for me/my child and to release medical information and incident reports to insurance providers and other persons or authorities deemed appropriate by Houle.

To the use of my/my child's image in any photograph, video recording, or Web page of Houle.

Should any part of this acknowledgement be declared unenforceable by a court of competent jurisdiction, the remainder of this acknowledgement shall be in full force and effect.

Participant Name (PRINT) _____

(H) Phone (____) - ____ - _____ (C) Phone (____) - ____ - _____

Address _____

City _____ Province _____ Postal Code _____

Age _____ Gender _____

School Name/ Dry Grad Event: **New Westminster Secondary School 2019 Dry Grad**

Event Date: **Thursday, June 27th into Friday, 28th 2019**

EMERGENCY CONTACT (PRINT) _____

(H) Phone (____) - ____ - _____ (C) Phone (____) - ____ - _____

By signing this document, I acknowledge that I have read and fully understand both pages of this document and that the information I have provided is disclosed accurately and truthfully.

I UNDERSTAND THAT PARTICIPATION IS AT ONE'S OWN RISK.

Participant Signature _____ DATE ____ / ____ / ____

Parent Signature _____ DATE ____ / ____ / ____

PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER NINETEEN (19) years of age.