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**Traditional Trails 2021**

Name \_\_\_\_\_ Pronoun \_\_\_\_\_

If under 18, name of Parent or Guardian \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Media Release, Waiver and Release of Liability**

1. I agree to permit the use of photographs or videos in which myself or my child appears in any Momenta publication including posting on the internet. Yes \_\_\_\_\_ No \_\_\_\_\_

2. In consideration of being allowed to participate in any way in MOMENTA experience discover grow's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and, 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 immediately.

By my signature, I attest all information on this form is complete, thorough and truthful.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18 years of age: 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 incident to my minor child's involvement or participation in these programs as provided above.

By my signature, I attest all information on this form is complete, thorough and truthful.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_