

## DRA Child Skate Waiver Form

I am aware that some degree of risk is inherent in the nature of this activity, and may occur with or without fault on the part of the student, coaches, association or the facility where the activity is taking place. By participating in this activity, you are agreeing that the activity described above is suitable for you, and there is a risk of injury associated with the activity. I am aware that I do not have insurance so neither; Delta Ringette Association (DRA) nor British Columbia Ringette Association (BCRA) can be held responsible for any accidents that may occur.

My son/daughter, \_\_\_\_\_, has permission to go on the ice on:

\_\_\_\_\_

Date

\_\_\_\_\_

Rink/location

\_\_\_\_\_

Parent/Guardian Printed Name

