**To: Centennial College of Applied Arts & Technology**

I understand that in the event of bad weather, the Skills Ontario Camp may use the Centennial College Ashtonbee gymnasium.

I understand that although the participants will be supervised by **Skills Ontario Skills Camp** staff, I do assume the risk in my child’s participation in the gym activities.

**I acknowledge that I will not seek to have Centennial College held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son’s/daughter’s participation in the gym activities. This release of liability includes accident, injury, loss, or damages to the participant, as well as, to other individuals or property which may result from my child’s participation in the gym. I hereby release and agree to hold harmless Centennial College of Applied Arts & Technology, its Board of Governors, servants, agents and employees, from any claims arising out of my son’s/daughter’s participation in connection with this Skills Ontario Camp activity.**

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_