

**SKATING WAIVER  
BRIDGEWATER ELEMENTARY SCHOOL**

This certifies that I, as parent / guardian of this participant, do consent and agree to his / her release, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the SSRSB their officers, officials, agents and / or employees and other participants from any and all liabilities incident to my minor child's preparation for and participation in the skating program and for her/him wearing of a non-approved helmet.

I have read this Release of Liability and assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Child's Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

\_\_\_\_\_  
parent / guardian signature

\_\_\_\_\_  
date

In order for students to take part in the skating program, this form must be returned with one of the three options checked below-Thank You.

\_\_\_\_\_ My child will be wearing a helmet but **will not** be wearing a CSA approved hockey helmet and I have signed the waiver.

\_\_\_\_\_ I have signed the waiver, but need help finding a CSA approved helmet and / or skates. We do have 25 new CSA helmets that we can lend out.

\_\_\_\_\_ My child will be wearing their own CSA approved helmet (no signature of the waiver is required, only the child's name and classroom teacher).