

Were you born without or have suffered the loss of a lung, kidney or other organ? If yes, what organ?	YES / NO	
Are you currently taking any medication? If yes, please list.	YES / NO	
Are you currently pregnant?	YES / NO	
Are you currently wearing any type of protective equipment or bracing for any existing injury or condition (e.g. knee brace, helmet, etc.)? If yes, please list.	YES / NO	
Do you have any allergies? If yes, please specify.	YES / NO	
Have you ever had an anaphylactic reaction? If yes, what was caused the reaction?	YES / NO	
Do you carry an EPI pen?	YES / NO	

Upon submission of this form any changes to the information on this form including change in medical condition, must be identified immediately to Sherry-Lyn Zuro, Manager, Events (slzuro@skatecanada.ca or 1-888-747-2372, 2570)

COMMENTS:

MEDICAL WAIVER

I, _____ (the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the competition shall be governed by and constructed in accordance with the laws of the Province in which the competition is being held.

I acknowledge that the treatment/service performed in the Province in which the competition is being held and that the Courts of the Province in which the competition is being held shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising from the treatment. I hereby agree that I will commence any such legal proceedings in the Province in which the competition is being held and only in that Province in which the competition is being held and hereby submit to the jurisdiction of the Courts of the Province in which the competition is being held.

I hereby state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

I have fully read and understood and agree to this waiver form.

Signature of Athlete

Date

Signature of Parent/Guardian at competition (if athlete is under 19 years of age)

Date

Signature of Witness

Date