

**RELEASE OF LIABILITY WAIVER****BY SIGNING THIS DOCUMENT, YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SU****Rollerplex Entertainment Centre Incorporated** 284 Orenda Road, Brampton, ON, L6T 5S3

Date:	First name of Participant/ Guardian	Last name
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Street Address	City	Province	Postal code
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Telephone	Date of Birth (yy/mm/dd)	Email
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**Minors (under 16)**

1. First name	Last name	Date of Birth (yy/mm/dd)
2. First name	Last name	Date of Birth (yy/mm/dd)
3. First name	Last name	Date of Birth (yy/mm/dd)

1. I DO HEREBY RELEASE Rollerplex Entertainment and its directors, officers, employees, sponsors, independent contractors and agents from all liability, and DO HEREBY WAIVE as against Rollerplex Entertainment and its directors, officers, employees, sponsors, independent contractors and agents all recourses, proceedings, claims, and causes of action of any kind whatsoever, in respect of any and all personal injuries or property losses which I may suffer arising out of or connected with my preparation for, or participation in Roller Skating or Motion Simulator Racing notwithstanding that such injuries or losses may have been caused solely or partly by the negligence or breach of duty of Rollerplex Entertainment, or any of their directors, officers, employees, sponsors, independent contractors or agents.

## 2. I HEREBY ACKNOWLEDGE AND AGREE THAT:

- Roller Skating or Motion Simulator Racing may be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of Roller Skating or Motion Simulator Racing itself, others which result from human error and negligence on the part of the persons involved in organizing, staging and/or operating the Roller Skating or Motion Simulator Racing; as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss; some of the aforesaid risks and hazards are foreseeable, but others are not;
- I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and that, accordingly, my preparation for, and participation in Roller Skating or Motion Simulator Racing shall be entirely at my own risk;
- I understand that neither Rollerplex Entertainment nor any of its directors, officers, employees, sponsors, independent contractors or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in Roller Skating or Motion Simulator Racing;
- I clearly understand that Rollerplex Entertainment would not permit me to participate in Roller Skating or Motion Simulator Racing unless I signed this RELEASE and WAIVER of LIABILITY AND ASSUMPTION OF RISK AGREEMENT, and that this RELEASE and WAIVER of LIABILITY AND ASSUMPTION OF RISK AGREEMENT applies to Roller Skating or Motion Simulator Racing this RELEASE and WAIVER of LIABILITY AND ASSUMPTION OF RISK AGREEMENT is binding on myself, my heirs, my executors, administrators, personal representatives and assigns;
- I agree that I am physically capable of participating in Roller Skating or Motion Simulator Racing, and that I have no pre-existing conditions that would hinder my ability to participate in Roller Skating or Motion Simulator Racing.
- I understand that the Motion Simulators are not for everyone due to platform motion, triple surround screen and surround sound.
- I understand that I must be able to enter and exit the Motion Simulator without using the steering wheel for support to prevent damage to this sensitive equipment.
- I understand I must be at least 1.42m (5ft) tall to be able to reach the pedals and steering of the Motion Simulator at the same time. This is a safety issue and we reserve the right to enforce this regulation.
- From time to time Rollerplex Entertainment or other authorised parties carry out photography and/or video recording at the Centre which may feature visitors. By accepting these Regulations, you agree that Rollerplex Entertainment or any authorised party may use such images in perpetuity in any promotional, advertising or publicity material in any format whatsoever. You further agree that copyright in these materials rests with Rollerplex Entertainment or such authorised party (as the case may be).
- Epilepsy Warning: A very small percentage of individuals may experience epileptic seizures when exposed to certain patterns or flashing lights. Exposure to certain light patterns may induce an epileptic seizure in these individuals, and certain conditions may induce undetected epileptic symptoms even in persons who have no prior history or seizures or epilepsy. If you, or anyone in your family, has an epileptic condition, consult your medical practitioner before racing.
- No safety, construction or utility type shoes shall be worn when using the motion simulators. The Centre personnel will advise on this.
- I will not engage in any activity that may cause damage to the property of Rollerplex Entertainment. I will take sole responsibility for the cost of repair for such damage caused by me.
- I agree to follow and abide by the instructions of the Team Members of Rollerplex Entertainment
- I clearly understand that by signing this Agreement I will be FOREVER PREVENTED FROM SUING OR OTHERWISE CLAIMING against Rollerplex Entertainment, its directors, officers, employees, sponsors, independent contractors and agents for any loss or damage connected with any property loss or personal injury that I may sustain while participating in or preparing for Roller Skating or Motion Simulator Racing, whether or not such loss or injury is caused solely or partly by the negligence of Rollerplex Entertainment or any of its directors, officers, employees, sponsors, independent contractors and/or agents
- I have carefully read this RELEASE and WAIVER of LIABILITY AND ASSUMPTION OF RISK AGREEMENT (the "Agreement"), that I fully understand same, and that I am freely and voluntarily executing same;
- Patron, parent or legal guardian signing this document must be at least 16 years of age.

**IF YOU ARE UNDER THE AGE OF 16, YOU MUST HAVE PERMISSION FROM PARENTS OR GUARDIANS TO PARTICIPATE IN THE ACTIVITIES AS SIGNED BELOW.**

Signature of Participant	Signature of Parent of Guardian
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