



CONSENT, DISCLOSURE, & ACKNOWLEDGEMENT OF RISK

6PACK ENTERTAINMENT LTD.

- 115-13180 Mitchell Rd, Richmond, BC V6V1M8 604.321.6800

1) I/we, the undersigned, give 6Pack Entertainment Ltd (6Pack Indoor Beach) permission to have a physician tend to me/us should it be considered necessary. It is understood that 6Pack Indoor Beach and its staff are not responsible for the cost of medical care or any other associated expenses.

I/we am/are aware that the program that I/we am/are undertaking constitutes a course undertaken at the sole discretion of the undersigned. I/we am/are further aware that this course, in addition to the usual risks inherent, has additional risks which may include but not be limited to:

- Physical exertion for which I/we may not be prepared
- Remoteness from normal medical services
- Evacuation difficulties if disabled away from 6Pack Indoor Beach.

2) I/we acknowledge, agree, and represent that I understand the nature of all 6Pack Beach Activities and that I/we am qualified, in good health, and in proper physical condition to participate in such Activities. I/we further agree and warrant that if at any time I/we believe conditions to be unsafe, I/we will immediately discontinue further participation in the Activity.

3) I/we want to participate in 6Pack Entertainment Inc’s 6Pack Beach Centre. I/we understand and acknowledge that the sports of Beach Volleyball, Beach Archery Tag, Beach Soccer, Beach Tennis, Beach Dodge ball, Beach Ultimate Frisbee and all Beach games may involve physical risk. I/we understand that the games of Beach Volleyball, Beach Archery Tag, Beach Soccer, Beach Tennis, Beach Dodge ball, Beach Ultimate Frisbee and all beach games are played on sand beach courts whose condition are variable and unpredictable man-made obstacles which can change without notice, both of which could contribute to the safety of play and result in serious personal injury.

Signature of Participant and/or Parent or Guardian

*This section is required for all participants, and the parent or guardian of a minor.

*Must be 18 years of age or older to sign this document.

Full Name: _____ Today’s Date: (MM)/(DD)/ 2018

Address or email: _____ Date of Birth: (MM)/(DD)/(YY)

Signature: _____

Guardian’s Name (if under 18): _____ Guardian’s Signature: _____

Emergency Contact’s Name: _____

Emergency Contact Phone #: _____ Emergency Contact’s Relation: _____

PLEASE NOTE WE RESERVE THE RIGHT TO REVIEW YOUR DRIVER’S LICENSE AND/OR OTHER FORMS OF IDENTIFICATION IN ORDER TO VERIFY IDENTITY AND DATE OF BIRTH/AGE