

Springbank Jr. Curling Camp/Program Participation Waiver

I realize that participation in Athletic and Fitness endeavors entails the risk of personal injury. Such risks may include, but are not restricted to slips, falls, physical contact with other people, equipment or facilities, later accidents or abnormal climatic conditions.

I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, attendance and participation in activities provided by the Springbank Curling Club.

I accept my responsibility to abide by the rules set forth by the Springbank Curling Club and the Springbank Park For All Seasons, protect personal possessions, and obey all the rules set out for athletic and recreation activities.

I accept full responsibility for my level of participation and use of equipment by exercising my judgment, based on my own experience and competence. In consideration of approval to participate in such activity, I and any personal representative, hold harmless, release and forever discharge Springbank Curling Club and the Springbank Park for All Seasons, their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees from any and all actions, causes of actions, claims, and demands for damages, loss or injury, resulting from or arising out of my participation in such activities.

I also indemnify and save harmless the Springbank Curling Club and the Springbank Park for All Seasons from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in such activities, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

I agree to allow my photographs to be taken of me while participating at the camp and I allow the club to use these pictures for promotional purposes only, not for distribution or sale.

I agree to abide by the rules as set forth by the Springbank Curling Club and those posted throughout the facility.

Date: _____

Participant Name: _____

Participant Signature: _____

If under 18 years of age

Name of Participant: _____

Parents/Guardian Name (please print) _____

Parents/Guardian Signature _____

Emergency Contact information

If for any reason emergency medical attention is necessary, every effort will be made to contact the parent/guardian. If a representative/assign of the Springbank Jr. Curling Club is unable to contact the parent/guardian, this form will authorize the representative/assign to act on your behalf, to obtain any necessary treatment or First Aid.

Name: _____

Phone numbers:

Cell _____ Home _____ Other _____

Alternate contact

Name: _____

Phone numbers:

Cell _____ Home _____ Other _____