



# Liability Waiver - CURLING

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Guardian: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## Part A – Release of liability

The undersigned expressly acknowledges that curling and similar activities involve risk of physical injury greater than those encountered in daily life, and by participating in sports and other activities, members acknowledge and assume the risk inherent therein. Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Hamilton Indoor Sports o/a Soccer World accept no responsibility, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay, or other irregularity resulting from a registered member's participation in any activity or use of any of the facilities at Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Soccer World. In consideration of being permitted to enter and use the facilities, the undersigned hereby releases, waives, discharges and covenants not to sue Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Soccer World, its officers, directors, employees, agents, servants and/or assigns for any and all damages, and any claim or demand therefore on account of injury or resulting death of the registered member, of damage to property whether caused by the negligence of Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Soccer World or otherwise while the registered member is in the facilities. Additionally, each registered member acknowledges the rules of participation and safety guidelines of the Hamilton High School Curling League and agrees to follow all such rules.

## Part B – Declaration of parent or guardian

I consent to my child named above participating in the Hamilton High School Curling League activities and I assume all risks arising from or in any way related to such participation. I therefore agree to waive any and all claims against, to indemnify and hold harmless Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Soccer World, it's officers, directors, employees, agents, servants and/or assigns in connection with any claims made by or on the behalf of my child named above including legal costs. I certify that my child is in good physical and mental health. In case of a medical emergency, if I cannot be contacted directly, I hereby give permission to the physician selected by Dundas Valley Golf & Curling Club, Hamilton Victoria Curling Club, Glanford Curling Club, Glendale Golf & Country Club and Soccer World to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named above.

I acknowledge reading this Release and Declaration and understand the conditions contained herein and agree to abide by all of the terms.

Guardian Signature: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Date: \_\_\_\_\_