

CRDi

PO Box 3016, Morinville, Alberta, T8R 1R9

2017 INDIVIDUAL JUNIOR PLAYER WAIVER FORM



LEAGUE: _____

PLAYER'S NAME: _____ CITY: _____

ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

WARNING: *Please read this waiver carefully, by signing this agreement, you are affecting your legal rights and liabilities. Do not sign this agreement unless you have carefully read this entire Agreement, understand it, and agree with all of its contents.*

This waiver is effective for a period of no more than 14 days from the date signed below.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF ALL RISKS, & INDEMNITY AGREEMENT

I AGREE that I am the parent/legal guardian of the above said player, and that I, the undersigned, agree that in consideration of the above said player being permitted to enter and use any of the lands, buildings, and premises used for ROLLER DERBY, and for ANY activities including, but not just limited to roller derby, on behalf of myself, my heirs, successors and assignors, DO HEREBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD HARMLESS Canadian Roller Derby Info (CRDI), leagues insured by CRDI, CRDi and all affiliated leagues directors, employees, volunteers, coaches, instructors, agents, and independent contractors and their heirs, successors, and assignors from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any of my property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from acceptance of the advice of, or from the gross or willful negligence of CRDI, CRDI associated leagues, CRDi directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises. The activities that the above signed player will be participating in will be inherently dangerous, and they will be exposed to risk of serious injury, disability, death, and risk of damage to or loss of property. I acknowledge that there may not be prompt access to medical assistance or treatment when participating in any activities, and I assume and accept any risk relating to the access to medical assistance and/or treatment. By signing this document I acknowledge that I have read, understood and accepted the conditions of this waiver form and are waiving certain legal rights, including the right to sue. **By signing this document I acknowledge that the above said person is skating with only provincial health care coverage and is not covered by the CRDI insurance plan.**

DATED: _____, 2017

Parent Signature: _____

Parent Email Address : _____

FULL NAME (please print carefully) *Your signature on this form will serve as your official signing of this release

TEAM REP SIGNATURE

DATE SIGNED