

Waiver & Release of Liability/Participant Registration

WAIVER OF LIABILITY, RELEASE OF ALL CLAIMS, INDEMNITY

I recognize that there are risks associated with my voluntary participation in Edmonton Adaptive Sports Association (EASA) sledge hockey program, related events and activities. I am volunteering to participate in, exclusively at my own risk. I therefore agree to assume all risks of every kind and nature whatsoever, including injury, death, loss or damage to me or my property, arising out of or in connection with my participation in EASA programs or activities. In consideration of Edmonton Adaptive Sports Association accepting this registration, I, for myself, release Edmonton Adaptive Sports Association along with any other organizers or sponsors of EASA, their respective directors and officers, employees, volunteers (collectively the "Releasees") from any and all claims, demands, actions, damages, costs, expenses, or liability arising out of or in connection with any injury, death, loss or damage to my person or property incurred while participating in Edmonton Adaptive Sports Association programs or activities.

CONFIDENTIALITY AND USE OF PERSONAL INFORMATION

- I have carefully read this waiver of liability, release of claims and indemnity and voluntarily agree to all of its provisions, including the assumption of all risks with respect to my participation in EASA activities.
- I give my consent for EASA to contact me regarding EASA events. EASA will use my information for the sole purpose of event programming, and will not release or sell my personal information to any other sources without my consent.
- I understand that my information will be stored in the Edmonton Adaptive Sports Association database, and this aggregate data may be used for research and statistical purposes.
- I am free to refuse to participate or withdraw my consent to participate at any time. I do not have to give reason and it will not affect me in any way.
- I grant the right for Edmonton Adaptive Sports Association to use the images resulting from the photography/video on their online and print publications.

Date: _____ Signature: _____
 (If under 18 years old, Parent/Guardian signature is required)

PARTICIPANT INFORMATION

First Name:	Last Name:		
Name of Parent/Guardian (if under 18):		Phone #:	
Address:		City:	
		Postal Code:	
E-mail Address:		Birthdate: (DD/MM/YYYY)	
Disability:		Hockey Alberta Member: (Circle One) YES or NO	