

WAIVER OF LIABILITY, RELEASE OF ALL CLAIMS, INDEMNITY

I recognize that there are risks associated with my voluntary participation in Wheelchair Sports Programs and am volunteering to participate in Wheelchair Sports programs, 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 Wheelchair Sports Programs. In consideration of Wheelchair Sports Alberta and Edmonton Adaptive Sports Association accepting this registration, I, for myself, release Wheelchair Sports Alberta, Edmonton Adaptive Sports Association along with any other organizers or sponsors of Wheelchair Sports Programs, their respective directors and officers, employees, volunteers (collectively the "Releases") 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 Wheelchair Sports Programs.

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 Wheelchair Sports
- I give my consent for Wheelchair Sports Alberta to contact me regarding upcoming Wheelchair Sports Alberta events. Wheelchair Sports Alberta will use my information for the sole purpose of event programming and contact, 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 Wheelchair Sports Alberta 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 Wheelchair Sports Alberta and Edmonton Adaptive Sports Assn. the right to use the images resulting from the photography/video filming on their online and print publications.

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

INDIVIDUAL INFORMATION – Please Print Legibly

First & Last Name:

Name of Parent/Guardian (if under 18):

City:

Address:

Postal Code:

Telephone:

E-mail Address:

Birth date (DD/MM/YYYY)

Disability/Classification (if any):

Club Affiliation (if any):

Sports Interest (please check all that apply):

- | | | |
|------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Wheelchair Athletics | <input type="checkbox"/> Sledge Hockey | <input type="checkbox"/> Wheelchair Rugby |
| <input type="checkbox"/> Wheelchair Basketball | <input type="checkbox"/> Wheelchair Tennis | |