

### Sunrise Fields Inc. Individual Waiver

Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement – Sunrise Fields Inc.

#### PLEASE TAKE YOUR TIME AND READ CAREFULLY

BY SIGNING THIS DOCUMENT, YOU WILL GIVE UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE!

TO: Sunrise Fields Inc.

IN EXCHANGE FOR Sunrise Field Inc. allowing me or my child to participate in team and/or individual activities. I agree as follows:

#### CHECK BOX TO AGREE

1. I understand and accept the risks associated with Sunrise Fields Inc. and other activities, including the possibility of physical or emotional injury, paralysis, death, and property damage. I understand that this agreement applies not only to use of the field turf, but also all other equipment, and all activities and games at Sunrise Fields Inc. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Specific risks of include: cuts and bruises, muscle and joint sprains and strains, broken bones, equipment failure, making contact with bats, balls, or other participants. Sunrise fields does not provide employees/coaches, and participants are left to the instruction 3rd party organization Coaches and professionals. Sunrise Fields Inc. does not take responsibility or vouch for such individuals. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS ASSOCIATED WITH MY COACH/PROFESSIONAL DIRECTION AND USE OF THE FACILITY OF SUNRISE FIELDS INC. AND I CHOOSE TO PARTICIPATE DESPITE THE RISKS.

## **CHECK BOX TO AGREE**

2. I confirm that I have read or heard or seen the rules governing my or my child's participation at Sunrise Fields Inc. I understand that Sunrise Fields Inc. rules have been implemented for the safety of all participants, and I have explained the rules to my child. I understand that my or my child's failure to follow Sunrise Fields Inc. rules could result in damage, expense, injury, or death. I acknowledge that my or my child's failure to follow the rules could result in expulsion from Sunrise Fields Inc.

## **CHECK BOX TO AGREE**

□ 3. I agree to GIVE UP MY RIGHT TO SUNRISE FIELDS INC. for any damage, expense, physical or emotional injury, paralysis, or death that I or my family or estate may suffer as a result of my participation in Sunrise Fields Inc. and other activities, DUE TO ANY CAUSE WHATSOEVER, including Sunrise Fields Inc. negligence, the failure to warn or protect me from risks, breach of contract, breach of any other duty of care, or breach of the Occupiers' Liability Act, R.S.O. 1990, c. O.2. I agree to waive any and all claims that I have or may have in the future against Sunrise Fields, and to RELEASE SUNRISE FIELDS INC. FROM ANY AND ALL LIABILITY for any damage, expense, injury, or death.

# CHECK BOX TO AGREE

	nnify Sunrise Fields Inc. from any and all liability for sed to any third party as a result of my or my Equipment and other activities.
CHECK	BOX TO AGREE
<ul> <li>5. I agree that if any portion of this Agreen inapplicable, the remaining portions shall</li> </ul>	
CHECK	BOX TO AGREE
	f of a child, I confirm that I am the child's parent or gal authority to sign this Agreement on behalf of the
	BOX TO AGREE
	fficient opportunity to read this entire Agreement, ent, and AGREE TO BE BOUND by the terms of
* In this Agreement, "Sunrise Fields Inc." me affiliates, employees, agents, directors and	eans Sunrise Fields Inc., all related companies, d/or officers.
Parent/Guardian Name:	Signature:
Email Address:	
Participant Name:	
DOB:	
Associated Team/Coach Name:	