Roller Derby Canada

14020-119 Street, Edmonton, Alberta T5X 5G7

LEAGUE WAIVER FOR VISITING SKATERS

I AGREE that I am the parent/legal guardian of said player OR that I am over the age of 18 years. I, the undersigned, agree that in consideration of myself or my child being permitted to enter and use any one of the described 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 Roller Derby Canada Services (RDC), leagues insured by RDC, RDC 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 RDC, and RDC associated leagues, RDC 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 if I am not covered by Roller Derby Canada, I am covered by another insurance provider.

EVENT NAME: _____ **DATE (s):** _____

FIRST NAME	LAST NAME	PROVIDER	PROVIDER #	PARENT OR GUARDIAN PRINTED NAME	SIGNATURE

FIRST NAME	LAST NAME	PROVIDER	PROVIDER #	PARENT OR GUARDIAN PRINTED NAME	SIGNATURE