

Roller Derby Canada

14020-119 Street, Edmonton, Alberta T5X 5G7

VISITING SKATER WAIVER FORM



LEAGUE: _____

SKATER NAME: _____

SKATERS HOME LEAGUE : _____

INSURANCE COVERAGE :

WFTDI _____

USARS _____

OTHER _____

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.*

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

I AGREE that I am over the age of 18 years, and that I, the undersigned, agree that in consideration of myself 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 the above said person is skating with only provincial health care coverage and is not covered by RDC insurance.

DATED: _____

FULL NAME (please print carefully)

PLAYER'S SIGNATURE

*Your signature on this form will serve as your official signing of this release

TEAM REP SIGNATURE

DATE SIGNED