

CHISHOLM CURLING CLUB
VOLUNTARY WAIVER OF LIABILITY AGREEMENT AND TEAM REGISTRATION
 (This Document Affects Your Legal Rights, Read Carefully Before Signing)

TEAM NAME: _____ Manager: _____
 PHONE #: HOME: _____ WORK: _____ CELL: _____
 E-MAIL ADDRESS: _____

Team Managers/Coaches: Each player must sign their name below only after reading and understanding this waiver of liability agreement. When your roster is filled, you as team manager/coach must read the statement below and sign this form before a witness.

STATEMENT OF MANAGER/COACH

I verify that each player listed is eligible according to league rules to play in the Chisholm Curling Club and City of Chisholm; herein after called "City" in the above-named league and that each player individually has read and understands the waiver agreement.

 Manager/Coach's Signature Date Witness Date

I wish to participate in the "Chisholm Curling Club League". I state and affirm that:

1. My participation is voluntary. No one is forcing me to participate.
2. I acknowledge the Activity is NOT an ESSENTIAL service provided by the City.
3. I understand and acknowledge the Activity I am about to voluntarily engage in as a participant has certain risks, including but not limited to all injuries, death, or personal property damage as suffered by me as a participant or spectator at the Activity above. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons and their property.
4. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby agree to hold the Curling Club and City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the Curling Club and City or anyone working on behalf of the Curling Club and City for any injuries or damages related to the alleged negligence of the Curling Club and City.
5. I understand that entering into and signing this agreement affects my legal rights and result in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will.
6. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. My signature indicates I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representation, and agree to be bound by its terms.

TEAM ROSTER

If the participant is less than 18 years of age, a parent or guardian must co-sign.

1. _____ Print Name Phone Signature	2. _____ Print Name Phone Signature
3. _____ Print Name Phone Signature	4. _____ Print Name Phone Signature
5. _____ Print Name Phone Signature	6. _____ Print Name Phone Signature