



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

2019-2020

IN CONSIDERATION OF BEING ABLE TO PARTICIPATE IN ANY WAY AS A MEMBER OF THE FRENCH RIVER RAPIDS HOCKEY CLUB AND ALL ITS RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREES THAT:

- 1) The risk of injury from the activities involved in this program is significant, including the potential of permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist: and
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation: and
- 3) I willingly agree to comply with the stated customary terms and conditions of participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and
- 4) I, for myself and of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE FRENCH RIVER RAPIDS HOCKEY CLUB, their officers both on and off ice, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND IMPLICATIONS.

I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS DOCUMENT.

I SIGN THIS DOCUMENT FREELY AND WITHOUT INDUCEMENT.

PARTICIPANTS SIGNATURE

PRINT NAME

PARENTS SIGNATURE (UNDER 18)

PRINT PARENTS NAME

WITNESS

PRINT WITNESS NAME

DATE SIGNED: MONTH _____ DAY _____ YEAR _____