



Alberta 5 Pin Bowlers Association

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

This form is to be signed by custodial parent(s) or guardian(s) of a minor child or by all participants who are provincial age of majority of each event.

I (we), _____ hereby acknowledge and agree that in consideration of
(name of participant or parent/guardian)

_____ being permitted to participate in the activities of the
(name of participant)

Alberta 5 Pin Bowlers Association (herein called the Association) at the _____ Event (which includes ALL house, zone, Provincial and Nationals rounds) for the 20____ / 20____ Season.

1. I (we) do hereby release the Association, its Members, officers, directors, employees, volunteers and independent contractors from all liability claims, causes of action of any kind whatsoever in respect of all personal injuries, loss of life or property losses which my (our)/child ward or myself may suffer arising out of the activities of the Association.

2. And I (we) do hereby acknowledge and agree:

- a. That the activities may expose my (our) child/ward or myself to risks and hazards.
- b. That I (we) freely and voluntarily assume all the risks and hazards for my (our) child/ward or myself.
- c. That I (we) have carefully read this Release, Waiver and Assumption of Risk and Indemnity agreement, that I (we) fully understand same, and that I am (we are) freely and voluntarily executing same.
- d. That I (we) understand clearly that by signing this Release I (we) will be forever prevented from suing or otherwise claiming against the Association, its Members, officers, directors, employees, volunteers or independent contractors with respect to any matter arising from these activities.

DATED at _____, this _____, day of _____, in the year 20_____.

*Signature(s) of custodial
Parent/guardian, or participant

Relationship to participant
(if applicable)

Signature of Witness
(must be of Provincial age of majority)

*When only one parent signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.

We protect and respect your privacy.

Your personal information is used only for the purposes stated on or indicated by the form.