

## **Curling Participation Waiver**

First Name:	Last Name:
Age:	
Address:	
Postal Code:	Phone:
Email:	
	<u>Terms</u>
Upon registering and signing,	I understand and agree that:
respective Directors, Officers, volunteers, officials, participa which any events or activities "Organization") are not respondamage, expense, loss of personse.	tario Curling Association, Soo Curlers Association, and their committee members, members, employees, coaches, ants, agents, sponsors, owners/operators of the facilities in a take place, and representatives (collectively the onsible for any injury, personal injury, damage, property sonal property, income or loss of any kind suffered by a sult of, the events or activities in or on the property of the
Participants Signature (For Pa	articipants 18 and over):
Legal Guardian: (If participant	t is under 18)
Please Print Name:	
Signature:	