



Clarington Squash Club

Registration Form

OFFICE USE ONLY

- Cash
- Cheque
- Email Money Transfer

Type of Membership

- Adult Junior

Name: _____ Phone Number: _____
 Address: _____ Email: _____
 City: _____ Postal Code: _____
 Emergency Contact Name: _____ Emergency Contact Ph#: _____

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

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

AWARENESS AND ASSUMPTION OF RISK

I am aware that participating in the activities with the Clarington Squash Club involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Clarington Squash Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Clarington Squash Club"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Clarington Squash Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against Clarington Squash Club.
2. To release the Clarington Squash Club from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Clarington Squash Club from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST CLARINGTON SQUASH CLUB.

Name (Please Print) _____ Board Member Name _____
 Signature _____ Signature _____
 Date _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Name (Please Print) _____ Board Member Name _____
 Signature _____ Signature _____
 Date _____ Date _____