

WAIVER Version: Sept 23, 2011

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR ADULTS, MINORS AND/OR YOUNGER PLAYERS, AND PARENTS / GUARDIANS

In consideration of being allowed to participate in any manner in the Ottawa Travellers Athletic Club's primarily adult hockey league, as well as in any other of its primarily adult athletic/sports program, and/or related events and activities, I, as well as all of the undersigned acknowledge, understand, appreciate and agree that:

1. The risk of injury from the activities involved in participating in the Travellers Adult Hockey League is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligence of the releasees, of myself and/or of others, and I/we assume full and sole responsibility for my actions and participation.
3. I willingly agree to comply with the stated and customary terms and conditions for 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.
4. I and all of the undersigned below also agree to take full and sole responsibility for any of my actions that result in injury or damage to other persons, places and organizations,
5. I/we understand that for the purposes of Travellers Athletic Club adult hockey league that I am being treated as a minor and/or a younger than usual participant (or for other reasons) and that I have been requested to obtain the support, authority and approval of my parent(s) or guardian to participate in the predominantly "adult" Travellers Hockey League, confirming that there is no additional risk for me to participate in the Travellers Adult Hockey League as a minor or younger player than the risk with any other participant in the league. I/we further confirm that the signature(s) below are valid and are those of my parent(s) or guardian(s), and of independent witness(es).
6. I, and we all of the undersigned, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Ottawa Travellers Athletic Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, and/or loss and/or damage to person and/or property, whether caused by the negligence of the Releasees, of myself, and/or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ (____) _____
 Participant's Name (Please Print) Age Day / Month / Year Participant's Signature

X _____ Date> _____/20_____
 Witness Name (Please Print) Witness Signature

FOR PARENTS OF PARTICIPANTS OF MINORITY OR YOUNGER AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to verify, confirm and certify that I, as parent/guardian with legal responsibility for this participant, have read, and the participant and myself fully understand the above Release of Liability and Assumption of Risk Agreement, and I do consent to his/her participation in the Travellers Adult Hockey League. I further 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 Ottawa Travellers Athletic Club and other Releasees from any and all liabilities incident to my minor or younger child's involvement or participation in these programs as provided above.

X _____
 Authorized Parent / Guardian Name (Please Print) Authorized Parent / Guardian Signature

Authorized Parent / Guardian Tel Nos > (1) _____ (2) _____

X _____ Date> _____/20_____
 Witness Name (Please Print) Witness Signature