



Membership Application
September 2009 – August 2010

First Name: Last Name:
Birth Date: Gender:
Address: City:
Postal Code: Email Address:
Home Phone: Work Phone:
Cell Phone: Home Court/League:
Coaching Level: Refereeing Level:
Emergency Contact: Emergency Contact Number:

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Alberta Racquetball Association's athletic/sports program, 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 for permanent paralysis and death...
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others...
3. I willingly agree to comply with the stated and customary terms and conditions for participation...
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Alberta Racquetball Association...

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 SIGNATURE X WITNESS Date Signed:

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.

X PARENT/GUARDIAN'S SIGNATURE Phone Number: X WITNESS