



CURLING CANADA INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

*(To be executed by parents/guardians of Participants **under** the Age of Majority)*

The longer version of this document can be viewed at bit.ly/listcurlwaiver2 WARNING! Please read carefully. By signing this document, you will assume certain risks and responsibilities

Participant's Name: _____

Participant's Date of Birth (yyyy/mm/dd): _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a Participant in the sport of curling and the activities, programs, classes, services provided and events sponsored or organized by Curling Canada, CurlON and the Listowel Curling Club, (collectively the "Organization"), including but not limited to: games, tournaments, practices, training, personal training, dry land training, use of strength training and fitness conditioning equipment, machines and facilities, nutritional and dietary programs, orientation or instructional sessions or lessons, aerobic and anaerobic conditioning programs (collectively the "Activities"), the undersigned being the Participant and Participant's Parent/Guardian (collectively the "Parties") acknowledges and agrees to the terms outlined in this agreement.
2. I am the Parent/Guardian of the Participant and have full legal responsibility for the decisions of the Participant.

Description and Acknowledgement of Risks (section 3 and 4)

We have read and agree to be bound by paragraphs 1 to 4 noted in the document at bit.ly/listcurlwaiver2

Terms (section 5 and 6)

Jurisdiction (section 7)

We have read and agree to be bound by paragraphs 5 to 7 noted in the document at bit.ly/listcurlwaiver2

Acknowledgement

The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Parent or Guardian (print): _____

Signature of Parent or Guardian: _____

Date: _____

CONSENT FOR USE OF PERSONAL INFORMATION USE

The Participant (and the Participant's parent/guardian, if applicable) authorizes the Organization to collect and use personal information about the Participant for the purposes described in the Organizations' policies for privacy.

I agree