Capital District Minor Football Association & Stony Plain Bombers Football Association

Release of All Claims and Waiver of Liability

PARTICIPATING IN CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) & STONY PLAIN FOOTBALL ASSOCIATION

<u>WARNING:</u> BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION FOR ANY INJURIES TO YOUR CHILD/WARD, YOURSELF, AND YOUR PROPERTY OUT OF PARTICIPATING IN THE CDMFA & STONY PLAIN FOOTBALL ASSOCIATION PROGRAMS.	
I,OF	(Full Address)
STATE I am the Parent/Guardian of	(Print Childs Full Name) whose age at
the date of my signing of this Waiver/Release is	years, I AM OVER THE AGE OF EIGHTEEN YEARS
AND I AGREE THAT, IN CONSIDERATION of myself and the minor being permitted to enter and participate in the	
CDMFA & Stony Plain Football Association programs, THAT I HEREBY ACKNOWLEDGE AND AGREE THAT while	
I am participating in the activities or programs involving the CDMFA & Stony Plain Football Association:	
1. I am aware that the programs and activities the CDMFA & Stony Plain Football Association are engaging in has inherent risks and I have full knowledge of the nature and extent of the risks associated with said programs and activities particulars of which include but are not limited to:	
a. physical contact between opposing playersb. multiple physical contact between multiplec. vigorous physical activity.	
2. I am further aware that the programs and activi engaging in has certain additional dangers and risks, the following:	ties the CDMFA & Stony Plain Football Association are e particulars of which include but are not limited to the
a. the risk of sustaining grievous bodily injuryb. the risk of sustaining broken or fractured bothc. the risk of sustaining soft tissue injuries asd. the risk of sustaining concussions and cond	ones as a result of the physical contact;
RELEASE AND WAIVER OF LIABILITY	
Football Association, and the associations/league(s) org volunteers, coaches, instructors, agents and independer any claim whatsoever arising by reason of any disease, including death or for damage to or loss of any of my pro- premises, from being present on the land and premises,	OREVER HOLD HARMLESS the CDMFA & Stony Plain anizing the game or event, their directors, employees, not contractors and their heirs, successors and assigns from deterioration of health, illness or injury to any person, operty resulting from or arising from use of the lands and from participation in any program, from the use of any s, from acceptance of the advice of, or from the negligence of game or event, their directors, employees, volunteers,
DATED at the Town of Stony Plain, in the province of All	berta, this day of 20
Witness	Signature of Parent/Guardian