

Parents Name (Please Print)

## **ACC Participation Waiver Form**

Medical Release: I hereby authorize Alberta Club Collective (ACC) and any clubs associated with to procure and consent to, medical, hospital or dental care for myself or my child in the event of injury as a result of participation in this program.

Waiver and Release of Liability: In consideration of my participation, I hereby release, discharge and covenant not to sue the Alberta Club Collective (ACC) and any clubs associated with, its officers, employees and volunteers, from any and all present and future claims, demands, actions, or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my/our participation in the above activity(ies) (except for claims legally caused by the sole negligence or willful misconduct of Alberta Club Collective (ACC) and any clubs associated with or others listed above). I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that this activity may involve certain risks or possible dangers, including death, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I further agree to indemnify and hold harmless the Alberta Club Collective (ACC) and any clubs associated with and others listed above for any and all claims arising as a result of my engaging in this activity. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Canada and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I affirm that I am of legal age and am freely signing this document. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me against the Alberta Club Collective (ACC) and any clubs associated with or any of the parties listed above.

I acknowledge the coaches and players will be participating in events and activities through Alberta Club Collective (hereinafter to be referred to as "ACC"), including games and other activities (which events and activities are collectively referred to in this document as the "Activities"). I am aware that Activities involve many RISKS AND DANGERS. I understand that known and unknown risks and dangers associated with the Player's participation in the Activities may result in personal injury, death, property damage and/or loss. I understand, as well, that personal injury, death, property damage and/or loss may be caused or contributed to by the NEGLIGENCE OR CARELESSNESS of others. In consideration of AAC allowing the Player to participate in the Activities, I agree, on behalf of the Player and myself and anyone that may claim through the Player or myself, that:

- 1. I ASSUME AND ACCEPT, WITHOUT LIMITATION, ALL RISKS, AND DANGERS associated with the Player's participation in the Activities.
- 2. I ASSUME FULL RESPONSIBILITY for understanding and following the rules and safe practices associated with the Activities and for the Player's personal safety.
- 3. I WAIVE ANY AND ALL CLAIMS against ACC and its agents, representatives, coaches, players, and volunteers, arising from or connected with, directly or indirectly, the Player's presence at, or participation in the Activities.
- 4. I RELEASE AAC from any and all liability for any loss, damage, injury, or expense that the Player or I may suffer or incur by reason of the Player's presence at, or participation in the Activities, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF AAC, OR OTHER PARTICIPANTS, OR ANYONE ELSE.
- 5. I GRANT PERMISSION TO AAC to take and use photographs, as well as video recording, of the Player for the purpose use of electronic publications to use on social media (Facebook, Instagram, and Twitter). I agree that the Player's name and identity will be revealed in descriptive text and complementary. I give permission to AAC to use these images. I agree that all prints, digital reproduction of photographs/digital images shall be the property of AAC.

,	OCUMENT, I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, ON BEHALF OF MYSELF AND THE PLAYER MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING THE PLAYER'S PARTICIPATION IN THE ACTIVITIES.
Players Name (Please Print)	Players Date of Birth (mm/dd/yy)

Date (mm/dd/yy)

Parents Signature