

I/WSA Circle City Curling Club Weekend Games Registration

Name _____ Date of Birth _____
Gender: Male / Female Curling Experience _____ Amt Pd _____
Address _____
City _____ State _____ Zip _____
Phone(s): H _____ W _____ M _____
Email _____ (if you want to be added to our curling email list)
Curling Game Date(s) Attending: _____
Team Members _____

In exchange for my being allowed to participate in Circle City Curling Club ("Activity"), I am, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound to each of the following:

- 1. Obligation to Inspect Facilities and Equipment** I agree to prior to participating in the Activity, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise my coach or supervisor and the Indiana/World Skating Academy, Inc. ("Academy"), of such unsafe conditions(s) and refuse to participate in the Activity.
- 2. Identification of Risks** I understand that participation in the Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the Activity, or the condition of the premises or of any equipment used.
- 3. Assumption of Risk** I assume all risks, known and unknown, in any way connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity.
- 4. Waiver and Release** I waive, release, and hold harmless the Academy, Indiana Sports Corporation (the owner of the premises), Browning Investments (the manager of the premises), and each of their affiliated clubs and organizations, directors, officers, sponsors, employees, volunteers, agents, successors, and assign from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity whether or not caused in whole or part by the negligence or other misconduct of any of the organizations of individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage.
- 5. Consent to Medical Treatment** I agree that the Academy may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Academy to provide such assistance, transportation, or services.
- 6. Photo Release:** I hereby give permission to Indiana/World Skating Academy and/or Circle City Curling Club to use photographs of me and/or my minor child(ren) for promoting, publicizing, and advertising Indiana/World Skating Academy and its programs. I release Indiana/World Skating Academy and Circle City Curling Club from all claims for financial compensation now and in the future.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

-----Printed Name-----Signature-----Date-----

If the person participating in the activity is not yet 18 years old, a parent or legal guardian must sign below (in addition to the child's signature above). As parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of the Waiver, Release, and Consent.

-----Printed Name-----Signature-----Date-----