Manotick Curling Center

Informed Consent and Assumption of Risk Agreement

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• The Manotick Curling Center and its directors, officers, committee members, club members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facility and representatives (collectively the "Organization") are not responsible for any injury, property damage, expense, loss of income, damage, personal injury, or loss of any kind suffered by a participant during, or as a result of, any program, activity or event of the Organization, caused by the risks, dangers and hazards associated with the programs, activities and events of the Organization.

Acknowledgement of Risks

• The participant is participating voluntarily in the sport of curling and the activities, events and programs of the Organization. In consideration of participation in the sport of curling and the programs, activities and events of the Organization, the participant hereby acknowledges that he/she is aware of the risks, dangers and hazards associated with or related to the sport of curling and the programs, activities and events of the Organization and may be exposed to such risks, dangers and hazards.

Assumption of Risk

• In consideration of the Organization's allowing the participant to participate, the participant agrees to freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from his/her participation in such activities, events and programs of the Organization.

Acknowledgement

- By the participant's signing (or typing his or her name) below here, the participant acknowledges that he/she has read this agreement and fully understands it, and that he/she has executed this agreement voluntarily.
- The signature (or typed name) of the participant below on this document confirms that the participant is aware of and accepts the MCC privacy policy.

Printed Name of Participant	Signature of Participant	Date of Birth
		(dd/mm/year)
Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date