

HandiCapable

FISHING DERBY RELEASE AND WAIVER FORM

Please return form by Friday May 18, 2018

LOCATION OF EVENT: ASSUMPTION PARK

EVENT DATE: June 2, 2018

Rain Date: June 3, 2018

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ POSTALCODE _____

PHONE NO(s) HOME _____ CELL/WORK _____

MEDICAL CONCERNS/RESTRICTIOSN/ALLERGIES:

EMERGENCY CONTACT _____ PHONE _____

WAIVER I, the undersigned parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the ICHA, its affiliate organizations and sponsors, and understand that he/she/I in attending any event(s)/program(s) at the NRC Complex or the above location(s)/facility(s) does at his/her own risk. ICHA and its owners, employees, sponsors, volunteers and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any event(s)/program(s) in the described premises. In registering for the event(s)/program(s), I recognize, acknowledge and assume full responsibility for all injuries, damages or loss which may occur in or about any event(s)/program(s) on the premises and he/she/I hereby fully release, discharge and otherwise indemnify and hold harmless the ICHA, all associated facilities, organizations, and its owners, employees, sponsors, volunteers and agents from any and all claims, demands, damages, loss, rights of action, present or future resulting from or arising out of any person's participation in any event(s)/program(s), in any manner, in any and all activities connected with or associated with this event(s) or use of its facilities. In addition, he/she/I fully agree(s) to follow the rules of play and conduct set by the ICHA. He/she/I understand(s) that failure to do so may result in suspension from participation. I here waive and release all claims for injuries, damages or loss arising out of this program that I or the above participant might sustain. The terms "I", "me" and "my" refer to parent(s)/legal guardian(s) as well as the participants in this event.

CONSENT As the participant/parent or legal guardian of the above named player assume the health responsibility for the participant and do hereby full grant authority to the ICHA staff to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence to preserve life, limb, or well being of my dependent. I hereby authorize the ICHA and its assigns to utilize any and all photographs, pictures, or other likeness of legal parent/guardian and the registrant as they deem appropriate in its promotional materials.

NAME (print) _____ SIGNATURE _____

DATE _____

*** This event is provided to serve the Special Needs Community of Windsor/Essex County. To submit please email: icha@thesoccerplace.ca or fax 519-977-5693**

(LEGAL PARENT/GUARDIAN)

Share the Spirit
Charitable Organization
BN 894402981RR0001



DATE _____

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