



Registered Charity #89955 5122 RR0001

Cruisers Sports for the Physically Disabled
9 - 6975 Meadowvale Town Centre Circle - Suite # 158
Mississauga, Ontario L5N 2V7
Phone (905) 866-5619
Website: www.cruisers-sports.com
Email: questions@cruisers-sports.com

2009/2010 Waiver Form

In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such programs, activities and events.

In consideration for the Cruisers Sports for the Physically Disabled accepting this membership and this membership registration form, I intend to be legally responsible for my actions that may result in injury or damage to me, and do hereby release and discharge, on behalf of myself, my heirs, executors and administrators, Cruisers Sports for the Physically Disabled and their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (the "Organizations") from all responsibility/liability arising from any illness, injury, damage, or loss of any kind suffered by me during, or as a result of participation in any program, activity or event, including my participation in any or all of the following sports....Sledge Hockey, Track, Field, Wheelchair Basketball, Boccia and Multi Sport....caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

I consent to any medical treatment that may be administered and as a result of my participation, I also give permission for the free use of any picture and/or name for possible publicity, promotional or media purposes and, as such, my signature below constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

FOR THOSE UNDER 18

I UNDERSTAND AND AGREE on behalf of myself, my heirs, assigns, personal representative and next of kin that my signing of this document constitutes that:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks as described above and my child/ward may be exposed to some or all of these risks and hazards.



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- 3. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
- 4. If something happens to my child/ward, I **release Cruisers Sports for the Physically Disabled**, their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (the “Organizations”) from responsibility for any claims, demands, actions and costs which might arise from of my child’s/ward’s participation.

Participants Signature

Date

Print Participants Name

Parent/Guardian Signature (if under 18)

Date

Print Parent/Guardian Name