


Event Participation Waiver

Netball Alberta
Box 270, 7620 Elbow Drive SW
Calgary, AB T2V 1K2
Phone: (403) 800-2045
email: contact@netballalberta.com



Alberta Netball Association the “organization” event participation waiver

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY

Please read carefully before signing. Completed waivers must be returned with registration or prior to attending the Organizer’s event: **ANA summer tournament 2022** (the “Event”). This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the Participant (named below) and/or the Participant’s Guardian represents that the Participant:

1. Has not traveled internationally during the last 14 days;
2. Has not visited a COVID-19 high risk area, region or location in Canada during the last 14 days;
3. Does not knowingly have COVID-19;
4. Is not experiencing known symptoms of COVID-19, such as fever, cough, or shortness of breath, and if experiences such symptoms during the Event will immediately depart from the Event;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Follows government recommended guidelines in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant’s ability during the Event.

In addition, by signing below the Participant and/or the Participant’s Guardian understands, acknowledges and assumes the inherent risks in participating in the Event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19); contact or interaction with others who may have been exposed to COVID-19; permanent disability, paralysis, or loss of life; collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect venue or field of play conditions; equipment failure; participants of varying skill levels; inadequate safety measures; circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, directors, employees, officer, therapists, or volunteers (together, the “**Organization**”); negligence or omission of the Organization (collectively, the “**Risks**”).

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant’s Guardian: (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event; (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same; and (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

Print Name: _____ **Date of Birth:** _____
the “Participant” (mm/dd/yyyy)

Print Name: _____
The “Guardian” (if Participant is a minor)

Signature: _____ **Date:** _____
Participant or Guardian for minor (mm/dd/yyyy)

Emergency Information

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FULL NAME

GENDER

DATE OF BIRTH (DD/MM/YYYY)

ADDRESS (with postal code)

ALBERTA HEALTH CARE NUMBER (if applicable)

EMERGENCY CONTACT PERSON

RELATIONSHIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

RELEVANT MEDICAL INFORMATION, i.e. ALLERGIES, MEDICATIONS, INJURIES, PREVIOUS HEAD INJURIES, CONCUSSIONS, GLASSES)
ATTACH A SEPARATE SHEET IF NECESSARY

Disclosure:

I certify that I have made a full and complete disclosure concerning any and all conditions, allergies, medications, and previous head and other injury information that might affect my ability to play netball.

SIGNATURE

DATE (DD/MM/YYYY)

NAME OF PARENT OR GUARDIAN
