

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

Postal Code _____

DATE: _____

ASSUMPTION OF RISK

I am aware that by participating in the **activity(ies) of YYC Nerf Wars Club** has many inherent risks, including but not limited to:

General:

- Theft, vandalism, damage or loss of personal property
- Any manner of harm, injury, illness, death or property damage suffered by or resulting from:
- Use, misuse, non-use and failure of any equipment;
- Travel by motor vehicle, bus or any other means of transportation to, from, during the activity(ies);

Note: If you have pre-existing conditions which may be affected by your participation in the activity(ies) please consult with your physician.

During Event:

Any manner of harm, injury, illness, death or property damage suffered by or resulting from:

- Impact, entanglement or impairment on obstructions, apparatus/equipment, floor, walls, trees, roots, rocks:
- Contact with participants, spectators, officials or other people;
- Being struck with projectiles;
- An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack or stroke;
- Abrasions, hand rips or other injuries resulting from activities such as running, jumping, diving, hiding;
- Falling from any heights
- Muscular injuries such as sprains and strains; bone injuries; fainting, chest discomfort; leg cramps and nausea;

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

Release of liability, waiver of claims and indemnity agreement

In consideration of The YYC Nerf Wars Club permitting my participation in the **activity(ies) of YYC Nerf Wars Club events**, I agree as follows;

- TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against The YYC Nerf Wars Club and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");
- TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the **activity(ies) of YYC Nerf Wars** due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING AND DUTY OF CARE OWNED UNDER THE OCCUPIER'S LIABILITY ACT, RSA 2000 c. 0-4 AS AMENDED ON THE PART OF THE RELEASEES;
- I agree to HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in this activity(ies) of YYC Nerf Wars Club
- This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
- This waiver shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, deputed and actions arising out of and related to _____ and this Waiver and the parties hereby attorn to the jurisdiction of Alberta courts.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, _____.

 PARTICIPANT

 WITNESS SIGNATURE (NON FAMILY MEMBER)

 WITNESS NAME (please print)

 WITNESS ADDRESS AND TELEPHONE #

This Agreement must be completed in full, without alteration, signed, dated and witnessed, before the Participant may participate in the activity(ies).