INTERNATIONAL BADMINTON CLUB (IBC), EDMONTON, ALBERTA WAIVER for Participants in the 2016-2017 IBC Badminton Season (September 7, 2016 to June 30, 2017)

PLEASE READ BEFORE SIGNING. Please Print:						
Participant Information (list all members names, if participating under the same household membership)						
Name(s):			[] age 21 or under [] age 60 or older			[] age 21 or under [] age 60 or older
			[] age 21 or under [] age 60 or older		[] age 21 or und [] age 60 or olde	
First 3 characters of Postal Code:		Email:			Phone:	
For family membership application: [] I declare that all members listed meet the IBC criteria of immediate family. I am aware that my application may be reviewed and proof of immediate family status may be requested and required to retain IBC membership status.						
ASSUMPTION OF RISK: I AM AWARE THAT THERE IS POTENTIAL RISK FOR INJURY INVOLVED IN THE TRAINING AND PARTICIPATION OF ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to injury through physical activity and/or use of equipment and facilities, and the possibility of personal injury, death, property damages or loss, resulting from my participation in the International Badminton Club of Edmonton, Alberta, Canada.						
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: in consideration of approval to participate in the International Badminton Club of Edmonton, Alberta, Canada, I hereby agree as follows:						
TO WAIVE ANY AND ALL CLAIM that I have or may in the future have against the International Badminton Club, the Edmonton District Badminton Association, W.P. Wagner High School, the City of Edmonton and their respective officers, employees, representatives, game officials, club executives, and other badminton players (all of whom are hereinafter collectively referred to as "Releasees").						
TO RELEASE THE RELEASES from any and all liability for any loss, damage, injury or expense that I may suffer Initial or that my next of kin may suffer as a result of my participation in the International Badminton Club due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.						
TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, Initial or personal injury to, or costs, any third party, resulting from my participation in this activity.						
TO ABIDE by the rules and regulations, policies and procedures of the International Badminton Club, as published on the club website. I understand and accept that my membership with the International Badminton Club can be revoked if I fail to abide by the rules and regulations, policies and procedures of IBC.						
THIS shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or Initial representatives in the event of my death or incapacity.						
By signing below, I have agreed to (a) and (b):						
(a) I have read and understand this agreement and I am aware that by signing, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators or assigns may have against the release.						
(b) I consent and allow IBC to send me general communications such as club information, and other information regarding badminton tournaments, badminton interclub games and social events. I am aware that I have the option to contact IBC at any time to be removed from the contact list.						
Signed this	day of		, 2016.			
Signature of Participant / Adult Family Representative Witness						

Participant / Adult Family Representative (PRINT CLEARLY)

Witness Name (PRINT CLEARLY)