

Participant Risk, Acknowledgement, Release Waiver of Claim and Assumption Risk

In consideration of permission granted now or in the future by Hillhurst Sunnyside Community Association (HSCA) to participate in the below program on the date noted I agree and acknowledge that:

I have met all the per-requisite required for the participation and agree to abide by the rules and regulations imposed on the participant in the program. I understand that there are risks and hazards inherent in the activity including the possibility of injury and death or property loss, whether caused by the negligence of HSCA or not. My participation is entirely my own risk. HSCA may secure such medical advise, services as it is in its sole direction my deem necessary for my health, and safety and I shall be financially responsible for such advice and services.

If participant is under the age of 18 years, this release is to be signed by the participant's parent or legal guardian.

Dated at Calgary, Alberta this _____ day of _____

Signature of Parent or Guardian _____

Program name: Hillhurst Sunnyside Community Association Soccer

Location of program: Hillhurst Sunnyside Community Association

Fees: _____ Receipt # _____

Received by: _____

Enclose a cheque for the \$75.00

Enclose a cheque for HSCA membership \$35.00 or \$40.00

It is HSCA policy that each program participant purchases an HSCA membership.

Hillhurst Sunnyside Community Membership number: _____

Questions regarding membership number please call 283-0554 ext. 232.

In the event of insufficient registration the activity may be cancelled and registration fees will be returned.