

# WAIVER

## PLEASE READ CAREFULLY

By signing this document you will waive certain legal rights, including the right to sue.

Name of Participant: \_\_\_\_\_ Program: Toque Tuesday Ball Hockey  
Tournament

### ASSUMPTION OF RISK

1. I am aware that participating in physical activity has many inherent risks, including but not limited to personal injury, and that my participation is voluntary and undertaken at my own risk.
2. Nevertheless I wish voluntarily to assume the inherent risks involved in the Toque Tuesday Road Hockey Tournament.

### WAIVER OF CLAIMS

3. In registering to participate in the Toque Tuesday Road Hockey Tournament, I agree TO WAIVE, RELEASE, INDEMNIFY AND FOREVER DISCHARGE THE REGIONAL MUNICIPALITY OF NIAGARA AGAINST ANY AND ALL CLAIMS that I have or may have in the future against The Regional Municipality of Niagara and its officers, employees, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");

### ACKNOWLEDGMENT

4. In entering into this Waiver, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this document.
5. I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2011/12.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent/Guardian Name  
PLEASE PRINT CLEARLY

\_\_\_\_\_  
Signature of Parent or Guardian if  
Participant is under 18 years

**This Waiver must be completed in full, signed, dated, and witnessed before the participant may participate in the program.**