



Please submit your completed registration form by January 30<sup>th</sup>, 2012 to:

Jan Leonhardt or Irene McCann  
Community Living Stratford and Area  
112 Frederick St., Stratford, ON N5A 3V7  
Phone: (519) 273-1000 ext. 0 Fax: (519) 273-6277

Entries will be accepted on a first come, first served basis.  
Please ensure your entire team has signed the waiver  
All proceeds to support people with intellectual disabilities

## COMMUNITY LIVING FUN CURLING BONSPIEL

### WAIVER

#### Release and Indemnity

The following is to be read and signed by each member of the team:

**I AGREE that all times during the 2012 COMMUNITY LIVING FUN Curling Bonspiel associated events my safety remains my sole responsibility. I am aware of the risk of participating in the Bonspiel and assume all such risks. I give full permission for the use of my name and photograph by any of the parties (as defined below) in connection with the Bonspiel.**

**IN CONSIDERATION of the acceptance of my application to participate in the COMMUNITY LIVING FUN Curling Bonspiel, I, for myself, my heirs, administrators and legal representatives, hereby RELEASE, WAIVE AND FOREVER DISCHARGE the Parties (as defined below) from claims, demands, costs, expenses, actions and causes in action, in respect of any death, injury, loss or damage to my person or property HOWSOEVER CAUSED which may be suffered or sustained in any manner as a result of my participation in the Bonspiel and against all liability incurred by any or all of the parties arising as a result of my participation in the Bonspiel.**

**BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE.**

**The term "Parties" means Community Living Stratford and Area.**

**(Participant signature, or parent/guardian if participant is under 18 years of age)**

**Skip: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Vice: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Second: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Lead: \_\_\_\_\_**

**Date: \_\_\_\_\_**

