



2016/2017 CURLING MEMBERSHIP APPLICATION

ANNANDALE GOLF & CURLING CLUB

P.O. Box 627, Pickering, ON L1V 3T3 Phone: 905-683-3210 Fax: 905-428-6958

info@annandalegolfclub.com www.annandalegolfclub.com

APPLICATION FOR:

10:00 A.M. TUESDAY AND THURSDAY SENIOR CURLING LEAGUE

2016-2017

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

No. of Years Curled: _____

Position Preferred: _____

Men's Inter Club (Wednesday) YES or NO

Men's Inter Club (Spares Only) YES or NO

Please complete this form and return it to the Annandale office with:

MEMBERSHIP FEE \$190.00

HST \$24.70

TOTAL \$214.70

Payable to: Annandale Golf & Curling Club

Application # _____ Date Received: _____

Curling is scheduled to begin for your group on

THURSDAY OCTOBER 13TH, 2016

WE LOOK FORWARD TO SEEING YOU THEN!

Christine Cassidy Annandale Golf & Curling Club



**ANNANDALE GOLF & CURLING CLUB
WAIVER AND RELEASE OF LIABILITY**

(To be signed by participants of the age of majority and over and by parents/guardians for participants of minority age)
By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a participant in the programs, activities and events of Annandale Golf & Curling Club, the undersigned acknowledges and agrees to the following terms.

Disclaimer

Annandale Golf & Curling Club, their directors, officers, members, employees, volunteers, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to curling. The risks and hazards of curling include, but are not limited to:

- Being struck by a broom, brush or curling stone;
- The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- Physical contact with other participants, spectators, equipment and vehicles;
- Running or sliding on the ice surface;
- Falling while delivering the curling stone, skipping or sweeping;
- Falling because of slippery ice, or uneven or irregular ice surfaces;
- Spinal cord injuries which may render me permanently paralyzed;
- Stepping onto the ice surface from the walkway or onto the walkway from the ice surface;
- Stepping over dividers that divide one sheet of ice from the next;
- Weather conditions which may result in hypothermia;
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in curling can be severe;
- That I may come into close contact with other participants, including the possibility of accidental contact;
- That I may experience anxiety while challenging myself during the activities, programs and events;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant	Date	Parent/Guardian Name
Signature of Participant	Witness	Parent/Guardian Signature