

GREATER EDMONTON SHUFFLEBOARD ASSOCIATION (GESA) WAIVER

I recognize that the activities associated with the Greater Edmonton Shuffleboard Association (GESA) I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in this activity. I acknowledge that it is my responsibility to be aware of the risks associated with the activity and to safeguard my person by ensuring:

1. That I am physically able/capable of the activity.
2. That I exercise safety measures appropriate to the activity, and
3. That I do not participate beyond my capabilities.

I understand that the Greater Edmonton Shuffleboard Association endeavors to provide the best possible leadership, instruction, facility and social atmosphere for members to gather for the club/program I am joining.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I hereby release the Greater Edmonton Shuffleboard Association and the Beaumont Curling Club from any liability arising out of my participation.

The Beaumont Curling Club of Beaumont and the Greater Edmonton Shuffleboard Association cannot be held responsible for any loss or injury.

I certify that I have read this document, and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Name of Player (print)

Signature

Date

Thank you. It is a pleasure to have you playing shuffleboard with us.

This waiver shall remain in full force and effect for the duration of the participant's involvement in shuffleboard activities unless otherwise revoked or superseded.

GREATER EDMONTON SHUFFLEBOARD ASSOCIATION (GESA) WAIVER

This form must be accompanied by payment of current fees

*Name: _____
First *Last*

*Phone#: _____
Home *Cell*

Address: _____

What age group do you fall in: 40's 50's 60's 70's
80's 90's

Email: _____
please print

From time to time the Greater Edmonton Shuffleboard Association (GESA) may send you electronic messages such as emails, attachments, and notifications promoting our activities. We cannot send you this communication without your permission. Please initial beside your choice:

_____ YES, I hereby consent GESA to send me news, information, and material via electronic means (email). I understand that I can unsubscribe from receiving such materials at any time by replying to the sender or emailing the club President.

_____ NO, I do not wish to receive electronic communications from GESA.

IN CASE OF EMERGENCY – PLEASE CONTACT:

*Name: _____ *Phone: _____ Relationship: _____

Second contact required if the first contact resides with you.

*Name: _____ *Phone: _____ Relationship: _____