



# Liability Release Form

Effective Date                      December 27 – 29, 2022

I acknowledge that the Western Canada Pond Hockey Championships and their directors, officers, volunteers, representatives, and agents along with the City of Chestermere and Dockside Bar & Grill, and Western Irrigation District are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on their behalf.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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.

\_\_\_\_\_  
Print name of Participant

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

\_\_\_\_\_  
Print Name of under 18 player

\_\_\_\_\_  
Signature of under 18 player

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian