



Player Name: _____

Parent(s) Name: _____

Address: _____

E-mail: _____

Phone#: _____ Cell#: _____

Emergency Contact name/number: _____

Player D.O.B: _____ A.H.C. _____

List any medical concerns regarding player: (asthma, epilepsy, heart condition, etc.)

Has player or anyone in the family been in contact or had COVID-19 in the last 14 days: Y N

Please e-mail to carylgrant@yahoo.com

or

Mailing to: 386 Sagewood Gardens
Airdrie, Alberta
T4B 3A5



WAIVER FORM

I, _____, Parent and Guardian of _____ (hereinafter "Child") of the City or Town of _____, in the Province of Alberta, do hereby for myself, my heirs, insurers, executors, administrators and assigns, hereby remise, release and forever discharge Cary Grant and CARY GRANT POWER SKATING and their respective heirs, insurers, executors, administrators and assigns (hereinafter referred to as the "Releasee"), from any and all manner of actions, causes of action, suits, debts, dues, sums of money, claims, damages, expenses, interest, costs and demands whatsoever, at law or in equity or under any statute, whether known or unknown, which it now has or may have in future against the Releasee arising out of or in connection with any matter, cause of thing whatsoever existing up to the present time or in the future and, in particular, but without limiting the generality of the foregoing, for and by reason of any matter arising from or related to the participation of the Child in the CARY GRANT POWER SKATING program. I as parent and guardian expressly acknowledges that the Child's participation in the CARY GRANT POWER SKATING program may carry the risk of the Child suffering bodily injury, death or such further and other losses of which the Releasee shall have no liability for, whatsoever.

I FURTHER AGREE and covenant not to commence any proceedings and to discontinue any existing proceedings against the Releasee in which claims have been or may be advanced in connection with the matters and allegations raised in the aforesaid and I further agree and covenant not to make any claim or take any proceeding against any other person or corporation who might claim contribution and indemnity against the Releasee.

I further agree and acknowledge that there is a risk of exposure to COVID-19 either before, after or during the sessions and that I agree to release and hold harmless Cary Grant Power Skating from any and all claims, damages or any other recourse whatsoever of any personal injury, death or other damages that may occur as a result of exposure to COVID-19 during your time at the facility.

I state that I have carefully read the foregoing Waiver/Release and have reviewed it with my own legal counsel or have waived my right to legal counsel and am aware of the contents and I sign, seal and deliver the same as my own free and voluntary act.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ____ day of _____ 20__.

Signature of Parent or Guardian _____

Witness: _____

To confirm your registration and save your spot:

- Fill out the Registration and Waiver Forms and email them to carylgrant@yahoo.com.
- Payment can be made via email transfer, cheque, or cash...Please make payable to Cary Grant