



CIRCLE CITY CURLING CLUB



HITTING THE BROOM SINCE 2007

BEGINNER CLINIC REGISTRATION FORM

Name _____ Date of Birth _____

Gender: Male / Female Curling Experience _____ Preferred Clinic Date _____

Address _____

City _____ State _____ Zip _____

Phone(s): H _____ W _____ Cost: \$25/person

Email _____ Email List? Yes / No

How did you hear about curling in Indianapolis? _____

In exchange for my being allowed to participate in Curling Clinic ("Activity"), I am, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound to each of the following:

- 2. Identification of Risks I understand that participation in the Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the Activity, or the condition of the premises or of any equipment used.
3. Assumption of Risk I assume all risks, known and unknown, in any way connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity.
4. Waiver and Release I waive, release, and hold harmless the Circle City Curling Club and each of its affiliated directors, officers, sponsors, employees, volunteers, agents, successors, and assign from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity whether or not caused in whole or part by the negligence or other misconduct of any of the organizations of individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage.
5. Consent to Medical Treatment I agree that the Circle City Curling Club may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Academy to provide such assistance, transportation, or services.
6. Photo Release: I hereby give permission to Circle City Curling Club to use photographs of me and/or my minor child(ren) for promoting, publicizing, and advertising and its programs. I release Circle City Curling Club from all claims for financial compensation now and in the future.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

-----Printed Name-----Signature-----Date-----

If the person participating in the activity is not yet 18 years old, a parent or legal guardian must sign below (in addition to the child's signature above).

As parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of the Waiver, Release, and Consent.

-----Printed Name-----Signature-----Date-----