

**Camrose Minor Football Informed Consent and Release of Indemnity
For participation in Football Tryouts for Battle River Shock Midget
Football Team**

Camrose Minor Football and Alberta Amateur Football Association (Football Alberta) and their directors, officers, employees, representatives, sponsors, coaches, agents (volunteers, hosting facility and their employees and directors collectively called "Agents"). In consideration of your acceptance of my entry into the above listed event and/or activities associated with therewith, I agree to RELEASE, SAVE HARMLESS, AND INDEMNIFY, "Camrose Minor Football Society" and/ or its agents and "Football Alberta" and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property, whosoever and howsoever caused, arising out of or in connection with, my taking part in the event and notwithstanding that the same may have been contribute to or occasioned by any act or failure to act (including, without limitations, negligence) by "Camrose Minor Football Society" and/or its agents and "Football Alberta" and/or its agents.

I further acknowledge that:

- 1) The rules and guidelines governing this event are solely for the purpose of regulating the event and it remains the sole responsibility of me to govern myself in such a manner as to be responsible for my own safety.
- 2) I am aware of the risk inherent in participating in the event and (I assume the risks and waive notice of all conditions, dangers or otherwise in or about the event.

As a condition of registration the **Participant** and **Parent** or **Guardian** agrees:

- 1) That the participant and parent/guardian understands appreciates and accepts the inherent physical risks of the sport of football.

Participant's Name: _____ (please print)

Participant's Signature : _____

Parent or Guardian's Name: _____ (please print)

Parent or Guardian's Signature: _____

- 2) That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities.

Participant's Signature _____

Parent or Guardian's Signature _____

I Understand That This Is A Legal Agreement. It is binding myself as well as upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. **I Have Read And Understand All the Terms Of This Agreement,** and by signing this agreement voluntarily I am agreeing to abide to these terms.