

Lakes Region Curling Association
Minor Curling Participation Waiver – Part I

For Parents/Guardians of Participants of Minority Age (under age 18 at time of registration)

Release of Liability - Read Before Signing

In consideration of the Minor being allowed to participate in any way in the programs of the Lakes Region Curling Association ("Association"), its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for the minor's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove the minor from participation and bring such to the attention of the Association immediately; and
4. I, the undersigned, for the Minor and the Minor's heirs, assigns, estate, successors, beneficiaries, administrators, trustees, personal representatives and next of kin, do hereby remise, release, acquit, and forever discharge the Association and its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property from any and all actions, causes of action, claims, demands, and liabilities, both in law and equity for damages and any court costs and legal expenses and fees associated with the Minor's presence or participation, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. In the case that the Minor requires urgent medical attention and I cannot be reached, I hereby authorize (i) emergency personnel and medical practitioners selected by any of the Releasees or other chaperone of the Minor, in their reasonable judgment and sole discretion, to take any and all necessary measures on behalf of the Minor and (ii) the disclosure of the information set forth below to emergency personnel and medical practitioners by any of the Releasees or other chaperone of the Minor.

I hereby revoke any and all releases of liability, waivers, and indemnifications previously executed by me in favor of any of the Releasees.

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read this release of liability and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Minor's printed name

Parent/guardian signature

Telephone Number(s)

Parent/guardian printed name

Date signed

Lakes Region Curling Association
Minor Curling Participation Waiver – Part II

For Parents/Guardians of Participants of Minority Age (under age 18 at time of registration)

Name of Minor (please print)	Age	Date of Birth (mm/dd/yyyy)
Address		
Medical Insurance Carrier	Policy / Group Number	
Allergies, medical conditions, current medications:		
Emergency Contact Name and Relationship		
Emergency Contact Telephone Number(s)		

Photography Release (optional)

I, hereby grant Lakes Region Curling Association permission to use and publish photographs or video images of the above-named Minor for any purpose authorized by the Lakes Region Curling Association, including but not limited to: website use, editorial publications, and press releases.

Parent/guardian signature