



Participant Registration & Waiver Form Yoga / Cooking

Last Name: _____ First Name: _____ City Represented: _____

Contact Phone: _____ E-mail Address: _____

Registration Fee: _____ Paid (administration use only) _____

WARNING: Please read this waiver carefully, by signing this agreement, you are affecting your legal rights and liabilities. Do not sign this agreement unless you have carefully read this entire Agreement, understand it, and agree with all of its contents.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF ALL RISKS, & INDEMNITY AGREEMENT

I AGREE that I am over the age of 18 years, and that I, the undersigned, agree that in consideration of myself being permitted to enter and use any one of the described lands, buildings, and premises used for ball hockey, badminton, basketball in any format, golf and for ANY activities including, but not just limited to, ball hockey, badminton, basketball in any format, and golf on behalf of myself, my heirs, successors and assignors, DO HEREBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD HARMLESS executive members of the Alberta Gujarati Association and the Edmonton 2010 Raas Garba Coordinating and the City of Edmonton, their directors, employees, volunteers, coaches, instructors, agents, and independent contractors and their heirs, successors, and assignors from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any of my property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from acceptance of the advice of, or from the gross or wilful negligence of the Alberta Gujarati Association their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises. The activities that are I will be participating in will be inherently dangerous, and I will be exposed to risk of serious injury, disability, death, and risk of damage to or loss of property. I acknowledge that there may not be prompt access to medical assistance or treatment when participating in any activities, and I assume and accept any risk relating to the access to medical assistance and/or treatment. By signing this document I acknowledge that I have read, understood and accepted the conditions of this waiver form and are waiving certain legal rights, including the right to sue.

Privacy Consent

I, _____, do hereby consent to the collection and use of my personal information (including first and last name, address, phone number, postal code, email addresses, date of birth, hometown,), personal images, athletic results and awards, prizes received, and verbal quotes, by posting on the website, or affiliated websites, of Alberta Gujarati Association and/or the Edmonton Raas Garba Festival and/or by publishing in the newsletters of Alberta Gujarati Association. I understand and agree that this information may be sold to anyone without my prior written consent.

I understand that my personal information can be viewed by anyone who accesses Alberta Gujarati Association and/or the Edmonton 2010 Raas Garba Festival websites or publications, and that my consent can be withdrawn any time, upon adequate prior written notice.

I give this consent voluntarily and with the understanding that any of this information may be used in newspaper or magazine stories, posted on websites, and to verify my identity and registration with Alberta Gujarati Association for any sporting activity including ball hockey, badminton, basketball in any format, and golf during the Edmonton 2010 Raas Garba Festival.

DATED _____, 2010

PARTICIPANT FULL NAME (please print carefully)

PARTICIPANT or GUARDIAN SIGNATURE**

Your signature on this form will serve as your official signing of this release

DATE SIGNED: _____

DATE RECEIVED: _____ (for AGA use)