

**CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION  
and FORT MCMURRAY RAVENS JUNIOR FOOTBALL ASSOCIATION**  
Release of All Claims and  
Waiver of Liability

**PARTICIPATING IN CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) and  
FORT MCMURRAY RAVENS (referred to as Participating Association)**

**WARNING:** BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION FOR ANY INJURIES TO YOUR CHILD/WARD, YOURSELF AND YOUR PROPERTY OUT OF PARTICIPATING IN THE CDMFA AND THE PARTICIPATING ORGANIZATION.

I, (Full Name) \_\_\_\_\_ of (Full Address) \_\_\_\_\_

STATE that I am the Parent/Guardian of (Print Child's Full Name) \_\_\_\_\_

whose age as at the date of my signing this Waiver/Release is \_\_\_\_\_ years old.

I AM OVER THE AGE OF EIGHTEEN YEARS AND I AGREE THAT, IN CONSIDERATION of myself and the minor being permitted to enter and participate in the CDMFA and Participating Associations programs THAT I HEREBY ACKNOWLEDGE AND AGREE THAT while I am participating in the activities or programs involving the CDMFA and Participating Associations:

1. I am aware that the programs and activities the CDMFA and Participating Associations are engaging in has inherent risks and I have full knowledge of the nature and extent of the risks associated with said programs and activities particulars of which include but are not limited to:

- a) physical contact between opposing players;
- b) multiple physical contact between multiple players;
- c) vigorous physical activity.

2. I am further aware that the programs and activities the CDMFA and Participating Associations are engaging in has certain additional dangers and risks, the particulars of which include but are not limited to the following:

- a) The risk of sustaining grievous bodily injury as a result of the physical contact;
- b) The risk of sustaining broken or fractured bones as a result of the physical contact;
- c) The risk of sustaining soft tissue injuries as a result of the physical contact.
- d) The risk of sustaining concussions and concussion related injuries as a result of the physical contact.

**RELEASE AND WAIVER OF LIABILITY**

I agree that I, the undersigned, on behalf of myself and the minor, our heirs, successors and assigns, HEREBY REMISE, RELEASE, INDEMNIFY, DISCHARGE, AND FOREVER HOLD HARMLESS the CDMFA and Participating Associations, and the associations/league(s) organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents and independent contractors and their heirs, successors and assigns 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 negligence of the Association or the association/league organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises.

DATED at the \_\_\_\_\_, in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent/Guardian