



## **WAIVER & REGISTRATION FORM 2020**

(PLEASE PRINT CLEARLY)

First Name	Last Name
Apartment # Street Name	
City Province	Postal Code
City	1 Ostal Gode
Date of Birth (WWW MAN DD)	Dhara Marshan
Date of Birth (YYYY-MM-DD)	Phone Number
E-mail	
FI	/FAIT.
Cricket and other competitions for 2020 ("Event") org	/ENT: anized by the West Coast Cricket Organization ("Cricket
BC").	, ,
In consideration of the Cricket BC. accepting me as a	a playing member to participate in any of the sporting the
Event, I, for myself, my heirs, executors, administrator	s and assigns WAIVE any claims to which I may become THE Cricket BC and all the participants in the Event and
all other organizers, sponsors, representatives, age	ents, employees and any other person or organization r injuries suffered to me as a result of my participation in
assisting in this Event from any claims for damages of the Event including conditions of the field, whether	r injuries suffered to me as a result of my participation in or not caused by negligence and/or howsoever caused
ncluding recklessness or omission of any such parties	
understand that there are inherent and other risks	involved in the Event and injuries are a common and
ordinary occurrence and I freely assume those risks ar	nd accept full responsibility for any and all such damage or
njury which may result.	
am advised to wear all the protective gear for my pro	etection and safety while playing in the Event and I further this Event and I am aware that my participation could, in
state I am in proper physical condition to participate in some circumstances, result in physical injury.	triis Event and I am aware that my participation could, in
Signature:	
oignature.	
Date:	
F A PLAYING MEMBER IS UNDER NINETEEN, THE SIGN	ATURE OF THE PARENT OR GUARDIAN IS REQUIRED
. AT EXTINO MEMBER TO STIDER MINETEER, THE SIGN	MIGNE OF THE PARENT ON GOARDIAN IO NEGOTIED.
Parent/Guardian Signature:	
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## WAIVER & REGISTRATION FORM 2020 (Pg.2)

First Name	Last Name

## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19:

In consideration of being allowed to participate on behalf of West Coast Cricket Organization ("Cricket BC") athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death 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 my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, West Coast Cricket Organization ("Cricket BC") their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

## FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 19 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Signature:
Date: IF A PLAYING MEMBER IS UNDER NINETEEN, THE SIGNATURE OF THE PARENT OR GUARDIAN IS REQUIRED.
Parent/Guardian Signature: