

Waiver of Liability and Hold Harmless Agreement

LARP general waiver and informed consent to participate in all Alliance Calgary events and functions. This form must be filled out and turned into the Alliance Calgary Admin team before participation in an Alliance Calgary event or function.

1. I, in consideration for myself _____, receiving permission to participate in Alliance Calgary, hereby release, waive, discharge and covenant not to sue Alliance Calgary or anyone involved with the creation and/or production of the event, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization or other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "**releases**", from any and all liability to each of the under signed, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise while in, on, upon, or traveling to or from any program activity where Alliance Calgary is being conducted.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the actions, inactions, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risk not known to us or not reasonably foreseeable at this time.
3. I am fully aware of the risks and hazards connected with allowing myself to participate in this activity, including the risk of physical injury or disability as the result of such injury, and I hereby allow myself to voluntarily participate in said activity. I voluntarily assume full responsibility of any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property in the possession of myself, as a result of being engaged in such activity.
4. I further agree to indemnify and hold harmless the **Releases** from any loss, liability, damage, or costs that may incur due to my participation in said activity.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive, and shall be deemed a release, waiver, and discharge above named Releases. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the provincial laws of Alberta Canada.
6. I understand the **Releases** will not be held responsible for any medical costs associated with an injury I may sustain.
7. I further agree to become familiar with the rules and regulations for my conduct and agree that I will not violate said rules or any directive or instruction made by the persons in charge of said program and that I will further assume the complete risk of any activity done in violation of said rule, directive, or instruction.
8. I also understand that I am urged to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the program or transportation to or from said program and activities.
9. I agree to abide by the supervision of Alliance Calgary Appointed Safety Representatives (hereinafter referred to as Reeves) and will follow their judgments regarding unsafe behavior and use of Alliance Calgary property/equipment. I acknowledge that the Alliance Calgary Reeves have full authority at Alliance Calgary events and that they may prohibit me from participating in an event involving Boffer-Fighting if I ignore their warnings on my own behavior and actions. I understand that I have the authority to submit a complaint in writing, if I feel that any aspect of my health is unsafe during club events.

Contact Information and Emergency Medical Form

Your Information

Name _____

Date of Birth (dd/mm/yyyy)

Phone Number _____

Alternate Phone _____

Local Address _____

email address (print clearly) _____

City _____

Prov _____

Postal Code _____

How Frequently do you check email?

Daily

Weekly

Monthly

Health Care provider (if other than Alberta Health) _____

Emergency Contact Information (person who can authorize medical treatment)

Name _____

Phone Number _____

Alternate Phone _____

Address _____

Relationship _____

City _____

Prov _____

Postal Code _____

(please note: if your partner is attending events, please have an alternate contact)

Do you wear glasses or contacts?

Yes No

Do you smoke?

Yes No

Do you regularly take medication?

Yes No

If yes please fill out information below

Do you have allergies?

Yes No

If yes:

Do you have asthma?

Yes No

Do you have diabetes?

Yes No

If you have asthma or diabetes, do you carry insulin or an inhaler?

Yes No

Prescription drugs bringing to events (frequency of use):

Do you have any other special conditions we need to be aware of?

