

**WAIVER FOR ADULT PARTICIPANTS**

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

**I UNDERSTAND AND AGREE** that there is potential risk for injury involved in the training and participation of any physical activity. I further understand and agree that participating in Lawn Bowling is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most participants will encounter this sort of minor injury from time to time. More serious injuries are possible, including sprains, strains, twists, cramps and injuries of similar magnitude. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though most participants do not encounter such serious injuries. There remains, despite safety precautions, the remote possibility of crippling or death. I **FREELY ACCEPT AND FULLY ACKNOWLEDGE** all such risks, dangers and hazards, resulting from my participation in any event hosted or sponsored by Ontario Lawn Bowls Association and/or the Orillia Lawn Bowling Club.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

It is my right and responsibility as a participant to immediately remove myself from participation in the program and notify the nearest official, if at any time I sense any unusual hazard or unsafe condition or if I feel that I am physically, emotionally, or mentally unfit for continued participation in the program.

I have read and understand the above statement of risk. I assume responsibility for my own safety, and I understand and accept the risks involved with my participation.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT**

I hereby agree as follows:

**TO WAIVE AND RELEASE ANY AND ALL CLAIMS** that I have or may in future have against Ontario Lawn Bowls Association and/or the Orillia Lawn Bowling Club, its coaches, officials, members, agents, directors, officers, employees, advertisers, sponsors and representatives, and other participants (all of whom are hereinafter collectively referred to as "Releasees".

**I HAVE READ**, understood and agree with the statements in the **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** portion of this document, and by assuming and acknowledging this risk, I completely absolve all **RELEASEES** from any and all liability for loss, damage, injury or expense that I may suffer, that a third party may suffer, or that my next of kin may suffer as a result of my participation in any of the activities and/or programs offered by the Releasees, **DUE TO ANY CAUSE WHATSOEVER**. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my person possessions.

**IN ENTERING INTO THIS AGREEMENT** I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT I HAVE THE RIGHT TO INDEPENDENT LEGAL ADVICE, AND THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS SHALL OR MAY HAVE AGAINST THE RELEASEE.**

Signed this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Printed Name of Witness

**Emergency Contact:** \_\_\_\_\_  
01/01/2020

**Phone Number:** \_\_\_\_\_