

Ottawa-Carleton Ultimate Association



Ottawa Carleton Ultimate Association

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ACTIVE2010

2007/2008 Monday Youth High School League Play Ultimate with your friends

You could win a school trophy and \$ 500.00 for your school gym.

School Represented

Name of School: _____ Address: _____
Telephone: _____
e-mail address: _____

Team Information

Team Captain's name _____

Registration Fee

Team fee is : 375.00 Send a cheque or money order to: OCUA, 120-410 Bank St., Ottawa, ON. K2P 1Y8. No refunds after two weeks to start of season. There is a \$25.00 administration fee for cancellation.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**By signing this document you will waive certain legal rights,
including the right to sue. PLEASE READ CAREFULLY**

AWARENESS AND ASSUMPTION OF RISK

I am aware that sport involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of OCUA, its directors, officers, officials, employees and volunteers, other participants and owners of the facilities where the activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of OCUA accepting my application to participate in this activity, I agree:

1. This is a continuous waiver (current and future years) and I waive any and all claims that I may have in future against OCUA.
2. To release OCUA from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify OCUA from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST OCUA. I WARRANT THAT AT THE TIME OF SIGNING, I AM PHYSICALLY FIT TO PARTICIPATE.

Signed this _____ day of _____, 200__.

Team Name _____

Signature of Applicant _____

Parent or Guardian (if under 19) _____

