

## GENERAL RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE

Because Camanachd/Shinty Is Potentially Dangerous, We Require All Participants And Parents Of Minor Participants TO ASSUME ALL RISK OF INJURY OR DEATH By Signing This General Release And Agreement Not To Sue.

I/we acknowledge that Camanachd or Shinty, like Hockey, Soccer, Lacrosse and other related activities, is a HAZARDOUS activity and that I/we have made a voluntary choice to participate in this activity despite the risks that it may present. In consideration of my/our being permitted to participate in the activities of the Washington Camanachd Club (WACC), an organization of private individuals with no official standing, I/we agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from my/our participation in WACC events or activities. Such risks of injury or death may be caused in whole or in part by: field conditions, contact made by balls, contact made by camans (sticks), contact made with other players, referees or judges, heat injuries and related conditions, cardiac conditions, failure to follow the rules of Camanachd or Shinty. (Note this is NOT a list of all hazardous activities related to playing or officiating Camanachd or Shinty). Accordingly, even if injury or death is caused by some other risk or hazard not listed above, I/we still agree to assume any and all risk of injury or death which might be associated with or result from my/our participation in WACC activities and events.

conditions, cardiac conditions, failure to follow the rules of Camar related to playing or officiating Camanachd or Shinty). Accordingly	made with other players, referees or judges, heat injuries and relate nachd or Shinty. (Note this is NOT a list of all hazardous activities y, even if injury or death is caused by some other risk or hazard not or death which might be associated with or result from my/our partici-
INITIAL INITIAL OF MINOR	
of, agents of, sponsors of, or members of the WACC or any owner activity from all liability to myself, or any party claiming an interest children and beneficiaries), for all loss or damage or demand there	e WACC, the organizers of any WACC event, the trustees of, officers er, lessor, or lessee of any property on which the WACC conducts and through myself/ourselves (including, but limited to, heirs, spouses, refore on account of injury to the person or property or death of eason, while preparing for, practicing for, traveling to or from, or par-
INITIAL INITIAL OF MINOR	
I/we understand that the wearing contact lenses, eye glasses or s and is done so at my/our own risk.	sunglasses while participating in WACC activities maybe hazardous
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I/we further INDEMNIFY AND HOLD HARMLESS the parties rele them, from loss, liability, damage or claim they may incur due to to caused by their negligence or otherwise.	eased above, and each of the parties released above, and each of the presence of my/our actions during WACC activities whether
INITIAL INITIAL OF MINOR	
law, and that if any portion is held invalid, the remainder shall con	y and agreement not to sue, be as broad and inclusive as allowed by ntinue in full force and effect. The activities which promote participa- such events, and does not confer release upon parties not acting in
INITIAL INITIAL OF MINOR	
I/we, the undersigned, have read and understood this release and respects and that no representations, statements or inducements whatever medical care might be provided or available for injury or	
INITIAL INITIAL OF MINOR	
SIGNATURE	
PRINTED NAME	DATE*
SIGNATURE OF MINOR	
PRINTED NAME OF MINOR	DATE*



## GENERAL RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, CONTINUED...

## For parents of minors (All children under the age of 18):

I/we, the undersigned, have read and understood this release and all its terms. I warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child whose name appears above and warrant and represent that I am empowered to execute this release on his or her behalf.

I/we consent now to whatever medical care might be provided or available for injury occurring during the above activities if I am absent at the time. I authorize the members of the WACC to consent to, authorize, or contract for medical treatment for the above minor required as the result of illness or injury, which occurs during the participation in or while traveling to or from any WACC activity if I am not on site at the time of injury.

SIGNATURE OF PARENT/LEGAL GUARDIAN			
PRINTED NAME OF PARENT/LEGAL GUARD	IAN		
DATE*			
EMERGENCY CONTACT INFORMATION for e			
Printed name(s), relationship and phone number		D.	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
* This liability release is in effect up to April 30, 2009. A new waiver must be signed to participate in WACC activities and events each WACC membership year (May 1 through April 30 the following year).			
Do not fill in - for WACC use only:			
Guest player fee paid ☐ Yes ☐ No Da	te:		
Membership fee paid ☐ Yes ☐ No Da	te:		
Status: Di Player Di Peferee/Line or Go	al ludge	1	