Sing Fai Sports Club - Youth Volleyball Training Program Waiver Form

RELEASE, WAIVER AND IDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as a trainee in the

2024/2025 Youth Volleyball Training Program and its activities

I, for myself, my heirs, executors, administrators, successors, partners and assigns HEREBY RELEASE. WAIVE AND FOREVER DISCHARGE

Staffs and volunteers of:
Sing Fai Sports Club
Markham Reesor Park Public School
City of Markham
Ontario Volleyball Association

And all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, successors and ad assigns OF AND FROM ALL claims, demands, damages, cost, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reasons of my participation in the said program whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

I ACKNOWLEDGE and AGREE that Sing Fai Sports Club may use photographs and videos of the events and the participants therein for promotional purposes.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

I also AGREE to abide by all decisions of the program officials.	
PARTICIPANT FULL NAME (PRINT) :	
SIGNATURE :	DATE :
PARENT / GUARDIAN NAME :SIGNATURE :	
(For player under 18 years of age)	