

# Waiver Form

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PLEASE READ CAREFULLY AS THIS DOCUMENT CONTAINS PROVISIONS LIMITING THE LIABILITY OF THE ORGANIZERS.

I, the participant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby release, discharge, and hold harmless the Canadian Cerebral Palsy Sports Association (CCPSA) and SportAbility, its staff, volunteers, and representatives and agents (hereafter known as the Organizers), and Cloverdale Recreation Centre, for any injury, loss, or damage to my person or property howsoever caused, arising out or in connection with my participation in CCPSA and SportAbility's 2016 Canadian Boccia Championships and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the organizers.

I, the participant, hereby consent, in any case of accident arising from my participation in the Canadian Boccia Championships, to medical assistance being administered on my behalf.

I, the participant, hereby grant permission to attending press, the Canadian Cerebral Palsy Sports Association, SportAbility, and to any persons designated by them, to use, display, and publish any photographic or recorded material from the 2016 Canadian Boccia Championships in connection with the promotion of the Canadian Cerebral Palsy Sports Association, SportAbility, the 2016 Canadian Boccia Championships, or the sport of Boccia.

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Participant Name (print)	Participant Signature	Date
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Parent/Guardian Name (print) If participant is under 18 years	Parent/Guardian Signature	Date
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Witness Name	Witness Signature	Date
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