



# ONTARIO DISC SPORTS ASSOCIATION & SARNIA ULTIMATE



## RELEASE, WAIVER AND INDEMNITY

I want to participate in the 2011/2012 season (January 1st, 2011 - February 29th, 2012) of the Samia Ultimate's activities. I understand and acknowledge that the sport of Ultimate may involve physical risk. I accept the responsibility for inspecting each area, course or field on which I play Ultimate in connection with the Sarnia Ultimate and satisfying myself as to its safety.

In consideration of the Samia Ultimate and Ontario Disc Sports Association ("ODSA") accepting me as a participant during the 2011/2012 season, I, for myself, my heirs, executors, administrators, successors and assigns, here by release, waive and forever discharge the Sarnia Ultimate and ODSA, its sanctioning body and sponsors and all their respective agents, servants, contractors, representatives, directors, elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property how so ever caused, arising to or to arise by reason of my participation in the 2011/2012 season of the Samia Ultimate, whether as a spectator, participant, competitor or otherwise, whether prior to, during, or subsequent to the 2011/2012 season and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further here by 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 anyway connected with, my participation in the 2011/2012 season of the Samia Ultimate.

By accepting this waiver, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I warrant that I am physically fit to participate in the 2011/2012 season of the Samia Ultimate.

Player Name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* If Under the Age of 18, Must be signed by:**

Parent/Guardian Name: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Player Birth Date: \_\_\_\_\_

# SARNIA ULTIMATE

976 Beverley Rd., Sarnia, Ontario, N7S 3L7

e-mail: su@sarniaultimate.com

www.sarniaultimate.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone # (h): \_\_\_\_\_ Phone # (w) or (C): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please circle your gender: **Male** **Female**

How many years have you been playing ultimate? \_\_\_\_\_

Please circle your skill level: **Beginner** **Intermediate** **Advanced**

Which team did you play for last season? \_\_\_\_\_

Please circle: would you like to play on the same team? **Yes** **No** **n/a**

Would you like to play on the same team with anyone? If yes, who? List in order of who you would like to play with most: \*Note: We will do our best to assign you to a team with the below names, but we can not guarantee this will happen

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*Please make sure to complete the **Release, Waiver and Indemnity Agreement**, and the **Individual Registration** forms. Payment in cheque can be made out to "**Sarnia Ultimate**". League fees will be \$40.00 before April 18, 2011 and \$50.00 after April 18, 2011.