



1940 – 6<sup>th</sup> Avenue N.W. Calgary, Alb

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY (2025-26)

In signing this release, you are waiving certain legal rights, including the right to sue. Participation in the sport of Pickleball and use of any recreational facilities involves a risk of accidental injury or death.

Please read carefully.

1. In consideration of permission, granted now or in the future by West Hillhurst Community Association (“WHCA”) to participate in this activity/event; I agree and acknowledge that:
2. I have met all prerequisites required for participation in this activity. In order, these are::
  - a. Signing this Waiver
  - b. Confirmation of group placement from the Coordinator
  - c. Purchasing the WHCA Community Membership
  - d. Purchasing either the 10X or 20X Punch Card (Indoor Play)
  - e. Enrolling for the Summer Program (May – September)
3. I will abide by the rules and regulations imposed on the participants in this activity.
4. There are risks and hazards inherent in the very nature of “The activity” and that as a result of these risks and hazards, as a participant, I may suffer property damage/loss, personal injury, illness, and even death. I freely and voluntarily assume all risks and hazards of my participation in “The activity”, including and legal risks. This means **that I am giving up my right to sue the WHCA** for any reason, including the WHCA’s negligence, if I suffer and damage, injury, illness, loss or death by participating in “The activity”.
5. I waive any claim I have against the WHCA arising from my participation in “The activity”, however it is caused, and I agree to indemnify and hold harmless the WHCA from any and all claims arising from my participation in “The activity”.
6. The WHCA may secure such medical advice and services as it, in its sole discretion may deem necessary for my health and safety. I shall be financially responsible for such medical advice and services.
7. In consideration of my participation in “The activity”, I hereby release and discharge the organization, “WHCA”, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I may suffer as a result of participation in “The activity”. I will follow the rules and regulations set by the WHCA and above-named parties.

Print Participant Name: \_\_\_\_\_

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

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

Print Witness Name: \_\_\_\_\_

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