



RRCL Full-Time Membership Registration Form 2014 - 2015 Season

Preference will be given to **returning members** who register and submit their \$50 deposit before May 15th 2014. New members will be accepted subject to availability. This form is *not* valid without a \$50 deposit and all sections **MUST BE** completed.

Full Name: Provide complete first and family name

E-mail: Please **PRINT CLEARLY** or your registration is not considered valid

Full or Partial Team Roster: Provide available information, otherwise leave blank if you are an individual looking for a team.

Team Name: _____ **Skip:** _____ **Third:** _____

Second: _____ **Lead:** _____

If you are an individual looking for a team, please select preferred team position(s)

Skip **Third** **Second** **Lead**

Waiver and Privacy Policy:

ASSUMPTION OF RISKS: I am aware that participating in curling activities exposes me to inherent risks, dangers and hazards. I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from. RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT:

- I WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Rainbow Rockers Curling League, and its representatives
- TO RELEASE the Rainbow Rockers Curling League, and its representatives from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities offered by the Rainbow Rockers Curling League, due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE, AND/OR BREACH OF THE OCCUPIER'S LIABILITY ACT, R S O 1990, C.O 2 ON THE PART OF the Rainbow Rockers Curling League and representatives.
- TO HOLD HARMLESS AND INDEMNIFY the Rainbow Rockers Curling League and representatives from any and all liability for any property damage or personal injury to any third party, resulting from my activities and my participation in the activities offered by or associated with the Rainbow Rockers Curling League.
- I further state that I am 18 years of age or older and in proper physical condition to participate in this event/activity and am aware that participation could, in some circumstances, result in physical injury.
- I have read and understood this Agreement prior to signing it. I am aware that by signing below, I am waiving certain legal rights which I or any heirs, next of kin, executors, administrators and assigns may have against the Rainbow Rockers Curling League and representatives.

Privacy Policy and Release of Personal Information The Rainbow Rockers does not collect, use or disclose your personal information for any purpose other than administering the curling league and will not disclose or sell any personal information to third parties. Contact information is stored in a secure section of the website that is only accessible to full time members, registered spares, and the manager of the Ottawa Curling Club. Reasonable procedural and technical safeguards are employed to protect your personal information.

Signature

Date (yyyy/mm/dd)

Complete second page (MANDATORY)

For Office Use Only:

\$50 Deposit Paid: cash cheque.

The following section is mandatory. Please print clearly. Submitted forms with incomplete information will not be accepted.

Address

Street Address (1): _____

Street Address (2): _____

City: _____

Province: _____

Postal Code: _____

Phone Numbers

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

- Please ensure we have one up to date phone number where you can be contacted.

Completed Registration Forms & \$50 deposits will be accepted at our End of Season Banquet or can be mailed to the following address:

c/o Steve H.
221 North River Road
Ottawa ON K1L 8B6

*** Please make cheque payable to “Rainbow Rockers Curling League”.**