

# Peterborough Cricket Association

## Waiver, Release and Membership Registration form

**[Please read carefully before signing]**

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

Date of Birth: \_\_\_\_\_ (required for age verification purpose)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Medical condition(s) or Allergies (if any) \_\_\_\_\_

In consideration of Peterborough Cricket Association (PCA) accepting me as a member or guest to participate in any of the events organized by them, such as volunteering, demonstrating, during practice sessions, playing internal or external games (hosting or visiting other teams), fundraisers, etc., I, for myself, my heirs, executors, administrators and assigns, voluntarily assume any risk of injury or damage in connection with the use of services or facilities, and WAIVE any claims to which I become entitled for injury or damage and HEREBY RELEASE, discharge and agree to indemnify and save harmless the PCA, its Board Members and Executives, all umpires, all participants, all other organizers, sponsors, representatives and any other person or organization assisting in this event or events from any claims for damages or injuries suffered to me as a result of my participation in the event or events including conditions of the pitch and the field, whether or not caused by negligence and/or how so ever caused including recklessness or omission of any such parties.

I understand that there are inherent and other risks involved in the event and that injuries are a common and ordinary occurrence and I freely assume those risks and accept full responsibility for any and all such damage or injury which may result. I also agree to the Photo Waiver clause in the Rules. As long as I remain as a member or guest of the Association, this waiver form and release shall remain in force.

I state that I am in proper physical and mental condition to participate in all activities organized by PCA. I am aware that my participation could, in some circumstances, result in physical injury. I confirm that I have personal medical insurance coverage valid in The Province of Ontario, for the entire duration I will be playing cricket or participating in any PCA organized event. For my protection and safety, I am advised to wear protective gears at all times while playing.

**I confirm that I have been recommended to obtain legal advice before signing this waiver and release.**

I, THE UNDERSIGNED, HAVE READ THE PCA RULES AND HAVE ALSO UNDERSTOOD THE TERMS OF THE WAIVER AND RELEASE.

Signature of the Playing member: \_\_\_\_\_

City of \_\_\_\_\_, Province of Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

If the playing member is under nineteen, the signature of the parent or guardian is required.

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