



PO Box 187  
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Scarborough, Ontario, M1B5M5  
[www.westrougecc.org](http://www.westrougecc.org)  
905 - 767 - 3330

# Waiver Form

This waiver covers my participation in West Rouge Canoe Club's paddle sport activities.

In consideration of acceptance, I for myself and on behalf of my child and for my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the West Rouge Canoe Club (hereinafter called "WRCC"), its directors, club officials, volunteers, members, organizers, employees, coaches, sponsors, and administrators (hereinafter called the "Release") of and from all claims, liabilities, demands, damage costs, expenses, actions, and causes of actions, whether in law or in equity, of every kind of nature whatsoever, in respect of death, injury, loss or damage to any person property, howsoever caused including but not limited to the negligence of any of the Releases, arising out of or in any way related to or connected with my or my child's participation in practices, competitions, or any other activities using rented dragon boats and equipment from WRCC, or any travel incidental thereto.

I warrant that I/my child am/is physically and mentally fit to participate in the practices, competitions, or any other activities using rented equipment from WRCC and that I/my child is an able swimmer. I understand that canoeing is a dangerous activity that exposes participants to many hazards and risks, which I accept as a condition of my/my child's usage of rented dragon boats and equipment from WRCC.

\* I confirm that I have attained the age of 18 years or if not, my parent or guardian has signed this Waiver.

**Information:**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Phone:**

Home: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

**TEAM NAME/PROGRAM AFFILIATION:** \_\_\_\_\_

I hereby acknowledge having read, understood and agree to accept the terms and conditions of this Release.

\_\_\_\_\_  
\*Applicant's/Parent's Signature

\_\_\_\_\_  
Date