



Underwater Hockey Intro Date: _____ POOL: _____

SCHOOL: _____ TEACHER: _____

Please PRINT CLEARLY: NOTE: CONFIDENTIAL SIGNED "Notification of Risk" REQUIRED IN ADVANCE for each Participant

Name: _____ DOB: _____ (dd/mm/yy)

Address: _____ City/Town: _____

Prov: _____ Postal Code: _____ Hm Phone #: _____ Cell Ph: _____

Does your child have any medical conditions/medications that we should be aware of? _____ NO IF _____ YES, PLEASE BRIEFLY EXPLAIN:

Notification of Risk for Underwater Hockey Programs

PLEASE READ CAREFULLY, BOTH PARTICIPANT & PARENT MUST AGREE & SIGN BELOW:

I am aware and understand that there are always inherent risks involved in playing the sport of Underwater Hockey and water sports in general, at any aquatic facility, which are beyond the control of the Alberta Underwater Council. In consideration of being allowed to participate, I personally assume all risks in connection for any harm, injury or damage that may befall me while participating in Underwater Hockey, including all connected risks, whether foreseen or unforeseen.

I am aware that it shall be at the discretion of the Pool Staff, Teacher, Instructor, Substitute, or EMS, as to what steps will be taken in an emergency for the welfare and safety of all participants.

It is my intention by signing this document, to exempt and relieve the organization named herein and its officers, directors, agents or representatives from liability for personal injury, property damage, or wrongful death caused by negligence or any other reason, whether by myself, my heirs, executors, administrators, to hold them harmless from any and all claims.

I therefore agree that I am personally responsible for any loss, damage, injury or ambulance service resulting from, or in connections with, myself or my child's participation in these activities.

I understand the terms here are contractual and not mere recital and/or I have acquired the written consent of my Parent and/or Guardian (please sign below where indicated).

IT IS MY INTENTION, BY THIS INSTRUMENT TO ABSOLVE THE ALBERTA UNDERWATER COUNCIL, THEIR CLUBS, MEMBERS, ENTITIES, COMPANIES, REPRESENTATIVES, AGENTS AND SUCCESSORS OF ALL RESPONSIBILITY AND LIABILITY RESULTING FROM ANY ACCIDENT OR MISHAP THAT MAY OCCUR DURING, OR IN RELATION TO, ANY, AND ALL EVENTS AND ACTIVITIES OF THIS INTRO TO UNDERWATER HOCKEY PROGRAM. I HEREBY INDEMNIFY AND SAVE HER MAJESTY HARMLESS FROM AND AGAINST ALL CLAIMS, DEMANDS, LOSSES, COSTS AND EXPENSES IN ANY MANNER BASED UPON, ARISING OUT OF, OR CONNECTED WITH THIS PROGRAM.

I ACKNOWLEDGE THAT I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NOTIFICATION RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

STUDENT: In consideration of being allowed to participate, I personally agree to show respect to my teacher, coaches, lifeguards, fellow players, and conduct myself safely, while having fun both in and out of the swimming pool. I will expect to sit out from participating due to inappropriate behavior or if sick or unwell during the scheduled event.

Signature of Student/Participant

Date

PARENTS: I agree that I am aware of and accept the above conditions, in consideration of my child being allowed to participate, but only if behaving and free from flu/cold/congestion (if unwell, please keep at home or advise your teacher as student should sit out if sick).

Signature of Parent and/or Guardian

Date

**Play safe, have fun! Don't forget bathing suit, towel, etc.
albertaunderwatercouncil.com**