

CENTRAL COAST BADMINTON ACADEMY PLAYER REGISTRATION & WAIVER FORM

PERSONAL DETAILS (all fields are mandatory)

Surname: _____ First Name: _____

Address: _____

Suburb and PostCode: _____ Date of Birth: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

HEALTH

(if you have any injury or illness that may affect you while playing sport, please list below. It will remain your responsibility to ensure you are fit enough to undertake the activities.)

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Central Coast Badminton Academy sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Central Coast Badminton Academy their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I also acknowledge that I have read, and agreed to abide by, the **Participants Terms and Conditions** and the **Rules and Regulations**.

(Participant's Signature) DATE SIGNED: _____