RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ THIS CONTRACT CAREFULLY

LEAGUE NIGHT: **SPORT:**

Group Organizer's Name: N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC)

Participant's First Name:_____Last Name:_____

Street Address:_____Apt#_____

City:_____Province:_____Postal Code:_____

Phone # (W):_____Date of Birth:_____

Phone # (H):_____Email Address:_____

TO. N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC)

ASSUMPTION OF RISKS:

I am aware that participating in the activities and sports offered by or associated with, N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), including outdoor and indoor sports such as Ultimate Frisbee, Softball, Flag Football, Basketball, Soccer, Volleyball, Floor Hockey, Curling, Dodgeball, Kickball, Dancing, Tennis, Downhill Skiing, Snowboarding, X-Country Skiing, Snowshoeing, Orienteering, Canoeing, Kayaking, Mountain Biking, Hiking, Yoga, and Running Groups for the seasons of January 1, 2010 up until and including December 31, 2010, exposes me to many inherent risks, dangers and hazards. By engaging in any activities offered by or associated with N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), 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:

In consideration of N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC) permitting me to participate in its activities and sports, permitting me to the use of its equipment and permitting me the use of its facilities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), and its directors, employees, agents and representatives

2. T0 RELEASE N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), and its directors, officers, employees, agents and 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 and sports offered by N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), 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 0 1990, C.O 2 ON THE PART OF N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), and its directors, officers, employees, agents and representatives.._____Initial Here.

3. TO HOLD HARMLESS AND INDEMNIFY N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), and its directors, officers, employees, agents 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 N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC).

4. I further state that I am in proper physical condition to participate in this event/activity and am aware that participation could, in come circumstances, result in physical injury.

5. I also give my permission for the free use of my name and image in broadcast, telecast or other media account of the event/activity and for the promotional purposes of HSSC.

6. That this Agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns in the event of my death

7. I have read and understood this Agreement prior to signing it. I am waiving certain legal rights which I or any heirs, next of kin, executors, administrators and assigns may have against N. Bridgland Enterprises Inc. dba HALIFAX SPORT & SOCIAL CLUB(HSSC), and its directors, officers, employees, agents and representatives.

Signed this _____day of _____, 20_____

_____ _____

Signature of Participant Signature of Witness

_____ _____

Print Name of Participant Print Name of Witness

PLEASE MAIL OR DROP HARD COPIES OF WAIVERS OFF TO: HALIFAX SPORT&SOCIAL CLUB, PO Box 8821, Halifax, NS B3K 5M5
Email: info@halifaxsport.ca Tel: 902-431-TEAM (8326)) FAXES NOT ACCEPTABLE!