



CANADIAN FOOTBALL LEAGUE PLAYERS' ASSOCIATION

CFLPA Grey Cup Kids Camp

Saturday November 18th, 2023

ACTIVITY AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above program to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above program (its officers, employees, volunteers, and agents), CFLPA from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parental/guardian)

I hereby additionally consent that my son/daughter, _____, may participate in the above activity and I hereby execute the above AGREEMENT, WAIVER, AND RELEASE on his/her behalf. I state that said minor is able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I have carefully read this Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above program and I sign it of my free will.

I further understand that photographs and video may be taken during the course of the said activity and that these photographs and video may be used for CFLPA publicity and marketing purposes I HAVE READ AND UNDERSTAND THIS RELEASE.

Child's name _____ DOB _____ T-shirt size _____

Signature of Parent/Guardian _____ Date _____

Print Name _____

Local Number (if applicable) _____

Parent/Guardian contact information: Cell _____ Email _____

(Please include as a confirmation email will be sent out to you)

This form MUST be completed and returned to the CFLPA BEFORE a minor may participate.