



## CFB Halifax Curling Club

### Junior Program Waiver Form

#### **Media Waiver**

By signing below, we give our consent to the CFB Halifax Junior Curling Program to use the curler's name, photograph and likeness in order to promote the Program. We understand that the curler's name, photograph and likeness may be reproduced on posters, pamphlets and posted on the website and/or Facebook group page.

Curler: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

#### **Helmet Waiver**

I, the undersigned, recognize the dangers inherent with the sport of curling. I realize that my child is subject to injury from this activity and that no form of preplanning can remove all of the dangers to which I am exposing my child. I am aware that the Nova Scotia Curling Association requires the use of a protective helmet for all curlers 12 years old and under, and that the use of this protective helmet could prevent brain damage or death in the event of an accident. I am aware that CFB Halifax Junior Program, the Co-Directors, the CFB Halifax Curling Club or any member of the Program Executive assumes no responsibility for curlers over the age of 12 years who do not wear a protective helmet.

#### **Responsibility for Curlers**

I am aware that the CFB Halifax Junior Program Co-Directors and other members of the Executive are not responsible for my children at the CFB Halifax Curling Club and that I, the undersigned, should be at the facility or designate another responsible adult for the care of my child.

#### **Parents/Volunteers and Coaches**

I, the undersigned, recognize the dangers inherent with the sport of curling. I realize that I may be subject to injury from this activity and that no form of preplanning can remove all of the dangers to which I am exposing myself. I am aware that CFB Halifax Junior Program, the Co-Directors, the CFB Halifax Curling Club or any member of the Program Executive assumes no responsibility for myself should I choose to participate in a curling event.

Curler: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_