

POTOMAC CURLING CLUB: MINOR PARTICIPANT RELEASE (2023-2024)

Assumption of Liability, Waiver and Release

The undersigned, being a parent or legal guardian of the minor curler ("Minor") indicated below, hereby makes the following representations: (i) that the undersigned is legally responsible for the Minor and legally empowered to act for, on behalf of, and to execute this Participant Release and thereby bind the Minor; (ii) that the Minor will comply with the rules and regulations of the Releases (as defined below); (iii) that the undersigned understands that the sport of curling is played on ice and requires physical fitness; (iv) that the Minor possesses such physical fitness; and (v) that the undersigned understands that the risks of the Minor participating in any curling activity could involve serious injury or death.

I understand that (a) the sport of curling is played on ice and requires physical fitness, and (b) I may be in close proximity to others with a risk that I could be exposed to communicable disease while on and about the ice or other areas of the National Capital Curling Center, and (c) there is a risk that I could suffer serious illness, injury or death as a result of participating in curling or related activity. I represent and agree that I possess the necessary physical fitness, and I understand and assume all risks associated with participating in curling and related activity in or about the premises owned/leased and operated by the Potomac Curling Club Of The National Capital Area Inc. located at 13810 Old Gunpowder Rd. Laurel, MD 20707.

In consideration of the minor being allowed to participant in curling or other activity or programs at the National Capital Curling Center, I, for the minor and the minor's estate, successors, assigns, heirs, beneficiaries, administrators, executors, trustees, and representatives do waive, and release and forever discharge (i) Potomac Curling Club Of The National Capital Area Inc., (ii) Grand National Curling Association ("GNCC"), (iii) the United States Curling Association ("USCA"), (iv) the respective successors and assigns of each of Potomac Curling Club Of The National Capital Area Inc., GNCC and USCA, (v) the respective employees, officers and directors of each of Potomac Curling Club Of The National Capital Area Inc., GNCC and USCA, but only while acting in their capacity as such, and (vi) individuals providing curling instruction or training at the National Capital Curling Center from any and all actions, suits, causes of action, claims, demands, damages, judgments, expenses and liabilities, including without limitation attorneys fees and expenses of litigation, for illness, personal injury, death or property damage arising from or related to my participation in curling or other activity or programs in or about the National Capital Curling Center, or otherwise conducted by the Potomac Curling Club Of The National Capital Area Inc., prior to the Expiration Date. "Expiration Date" means the date which is one (1) calendar year after the date this Release is signed.

In the case that the Minor requires urgent medical attention and I cannot be reached, I hereby authorize (i) emergency personnel and medical practitioners selected by any of the Releases or other chaperone of the Minor, in their reasonable judgment and sole discretion, to take any and all necessary measures on behalf of the Minor and (ii) the disclosure of the information set forth below to emergency personnel and medical practitioners by any of the Releases or other chaperone of the Minor.

Communicable Disease Requirements

I agree to instruct the minor to strictly follow all rules and procedures from time to time established by the Potomac Curling Club Of The National Capital Area Inc. to reduce the risk of exposure to communicable diseases. I also understand that there is no guarantee that rules or procedures adapted and applied by the Potomac Curling Club Of The National Capital Area Inc. in an effort to reduce the minor's risk of exposure to COVID-19 and other communicable diseases will fully protect the minor against the transmission of such diseases.

I HAVE READ THIS ASSUMPTION OF LIABILITY, WAIVER AND RELEASE. I UNDERSTAND THAT I GIVE UP LEGAL RIGHTS BY SIGNING THIS DOCUMENT.

Please see reverse →

Signature of Parent or Guardian: _____

Date: _____

E-Mail Address: _____

Phone: _____

Printed Name of Parent or Guardian: _____

Printed Name of Minor: _____

*Your E-Mail and Phone will
only be used for critical or
emergency information*