



## Waiver

### House League Football Skills Camp

Name: _____	Date of Birth: _____
Address: _____	
City: _____	Postal Code: _____
Phone: C. _____ H. _____	Email: _____

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Markham Raiders Minor Football Association and it's membership, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of Markham Raiders Minor Football Association and it's membership representatives or agents.

I am fully aware that there is a risk of injury involved in participating in this type of activity.

In witness, I have hereunder set my hand this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature (must be parent or Guardian if under 18 yrs of age)

\_\_\_\_\_  
Witness