

HIMALAYAN WINDS CRICKET CLUB
WAIVER AND RELEASE OF LIABILITY FORM
Not-for-Profit Organization / Toronto, Canada

Participant Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

1. Voluntary Participation

I acknowledge that my participation in cricket activities organized by **Himalayan Winds Cricket Club** is completely voluntary.

2. Acknowledgment of Risk

I understand that participation in cricket involves physical activities that carry inherent risks, including but not limited to:

- Sprains, fractures, concussions, or other injuries
- Exposure to sun and dehydration
- Collision with other players or objects
- Emotional stress or fatigue

I assume full responsibility for any risks, injuries, or damages resulting from my participation.

3. Waiver and Release

I, for myself and my heirs, executors, administrators, and assigns, **waive and release** Himalayan Winds Cricket Club, its board, volunteers, coaches, members, and any partnering organizations from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury (including death) that may be sustained by me while participating in club activities.

4. Medical Treatment Authorization

In the event of an injury or medical emergency, I authorize the club representatives to seek medical assistance on my behalf and understand that I am financially responsible for any associated costs.

5. Conduct Agreement

I agree to follow all rules, instructions, and safety guidelines established by the club. I understand that failure to do so may result in disciplinary action or removal from the club.

6. Media Release (Optional)

Please check one:

- ☐ I grant permission for Himalayan Winds Cricket Club to use my photo/video for promotional and social media purposes.
- ☐ I do NOT grant permission for media use.

7. Indemnification

I agree to indemnify and hold harmless the club and its representatives against any claims, damages, or losses arising out of my actions during participation.

Signature Section

Participant Signature: _____

Date: _____

If Participant is Under 18 Years Old:

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____