



FACILITIES USE WAIVER

Please fill in the information requested below:

Player's First Name: _____ Player's Last Name: _____

Player's Address: _____

Player's Phone Number: _____ Player's Email: _____

Emergency Contact:

Name(s): _____

Address: _____

Home Phone: _____ Business Phone: _____

Unless I advise you otherwise in advance in writing, I approve of my participation in this activity, acknowledged that such participation involves risks and hazards incidental thereto, all of which are expressly assumed, and do hereby waive, release and absolve and agree to indemnify and save harmless Albert College and its Directors and employees of and from any and all liability arising therefrom, except such as a consequence of its or their willful neglect or default. It is understood and agreed that Albert College is entitled to require the withdrawal of my participation at any time if it is determined that no other sanction is appropriate in the circumstances of inappropriate conduct or disrespect towards staff and students.

Signature of User

Date



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