

**Summerland Badminton Club**  
**Junior Program Waiver 2019/2020**

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**I authorize the Summerland Badminton Club to use the above information for advising , my parent(s)/guardian of any official announcements by signing this application form.**

My information will only be used by the Summerland Badminton Club and not provided to other organizations. **Yes \_\_\_\_\_ (initial)**

**Waiver - Please read and sign below**

**I understand that there are physical risks involved in playing badminton including, but not limited to, injury related to rapid movement, falling down, being hit by shuttlecocks or racquets, collisions with walls, nets and other players. I (parent/guardian) agree to be responsible for any injury I may receive and in the event of injury, I (parent/guardian) agree to relieve the Summerland Badminton Club, their officers, directors and volunteers and hold them harmless from any and all liability - including negligence, loss, illness, damage, injury or death that I may suffer.**

**Parent/Guardian**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**