



Richmond Centre for Disability

“Promoting a new perspective on disability”

INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a participant, and/or parent/legal guardian of a Participant in the **Richmond Centre for Disability (RCD) – Fun with Badminton**, you acknowledge that participation in the Fun with Badminton activities exposes you to a possibility of personal injury.

You, being fully aware that participation in the **RCD Fun with Badminton** exposes you to a possible risk of personal injury, hereby release **RCD** and its officers, directors, employees, agents, licenses, subsidiaries, consultants, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with your participation in the **RCD Fun with Badminton** including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You acknowledge that you have read and fully understand the Injury Waiver and General Release Form. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Signed on _____

Participant Name _____ Signature _____

Guardian Name _____ Signature _____

(For children under 18 years old)