



CANADIAN CORPORATE CRICKET LEAGUE LIABILITY WAIVER

ASSUMPTION OF RISKS

I am aware that participating in the activities and sports, without limitation, offered by or associated with Canadian Corporate Cricket League (CCCL), exposes me to many inherent risks, dangers and hazards. By engaging in any activities offered by or associated with CCCL, I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting there from.

RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT

In consideration of Canadian Corporate Cricket League (CCCL) permitting me to participate in its activities and sports, permitting me to the use of its equipment and permitting me the use of its facilities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against CCCL, and its directors, officers, employees, agents, representatives, assigns and successors.
2. TO RELEASE CCCL, and its directors, officers, employees, agents, representatives, assigns and successors from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer, as a result of my participation in activities and sports offered by CCCL, due to any cause whatsoever
3. TO HOLD HARMLESS AND INDEMNIFY CCCL, and directors, officers, employees, agents, representatives, assigns and successors from any and all liability for any property damage or personal injury to any third party, resulting from my activities and my participation in the activities offered by or associated with CCCL.
4. That this Agreement shall be effecting and binding upon any heirs, next of kin, executors, administrators and assigns in the event of my death.
5. I have read and understood this Agreement prior to signing it. I am aware that by signing the document below, I am waiving certain legal rights which I or any heirs, next of kin, executors, administrators and assigns may have against CCCL and its directors, officers, employees, agents, representatives, assigns and successors.

Participant Full Name (PRINT): _____

Participant Signature: _____

Date of Signature (Month/Day/Year): ____/____/____

Emergency Contact Name: _____

Please scan & email the completed form to admin@cccl.ca