

**ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SNS
AND CLUB BYLAWS, POLICIES, AND PROCEDURES**

Season participating in _____
Name: _____ Team _____
Birthdate: _____ Phone _____
Address: _____
City: _____ Postal Code _____

Please Print

ASSUMPTION OF RISK

There is a potential risk for injury involved in training and participating in any sport. Soccer Nova Scotia has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the area that should be followed.

Participant's Signature Date

Witness Date

AGREEMENT TO ABIDE BY SNS AND CLUB BY-LAWS, POLICIES AND PROCEDURES

I agree to abide by Soccer Nova Scotia, and the **Western Halifax Football** Club's by-laws, policies and procedures at all times. I agree to assume my part of any team debt that is incurred due to bills generated by my team during the course of the season.

Participant's Signature Date

Witness Date