

**QUEENSWOOD HEIGHTS SOFTBALL ASSOCIATION (Q.H.S.A.)  
2010 Registration – Q.H. Coed Slo-pitch League (Q.H.C.S.L.)**

Eligibility requirements: 1) Player must be, or will attain, the age of 18 years in the year 2010.  
2) Player must be a resident of the City of Ottawa.

***PLEASE PRINT***

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender\_ M / F

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate Team Name, Team Number or Captain's Name \_\_\_\_\_

**RELEASE OF CLAIMS AND WAIVER OF LIABILITY FORM**

(to be signed ONLY by participant or \*by legal guardian if participant is less than 18 years of age at time of registration)

The Queenswood Heights Coed Slo-pitch League (Q.H.C.S.L.) is a program run by the Queenswood Heights Softball Association (Q.H.S.A.), a sub-committee of the Queenswood Heights Recreation Association (Q.H.R.A.), under the jurisdiction of the City of Ottawa.

I HEREBY ACKNOWLEDGE AND AGREE THAT I am aware there are inherent risks to participating in the Queenswood Heights Coed Slo-pitch League. I agree to abide by the rules and regulations, policies and procedures of the Q.H.S.A. and the Q.H.R.A. and to use the equipment provided in a manner consistent with its intended application.

In consideration of participating in the Q.H.C.S.L., I acknowledge the following:

I am unaware of any health related problems that I may have that could cause injury to myself while engaging in the Q.H.C.S.L. I have full knowledge of the nature and extent of the risks involved in participating in the Q.H.C.S.L. I am voluntarily assuming the risk involved and in doing so I fully understand that I will be solely responsible for any injury, loss or damage I cause or sustain.

I agree to indemnify and hold harmless the Q.H.S.A. and/or the Q.H.R.A. and/or the City of Ottawa liable from all claims, demands, causes of action, loss, costs or damages that the Q.H.S.A. and/or the Q.H.R.A. and/or the City of Ottawa may suffer, incur or be liable for in relation to any injury I may suffer or cause in connection with my participating in the Q.H.C.S.L. and/or training activities. I hereby release, waive, and discharge the Q.H.S.A. and/or the Q.H.R.A. and/or the City of Ottawa from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.

**Check One:** I am the full age of 18 years \_\_\_\_\_. OR \* I will attain the age of 18 years in 2010 \_\_\_\_\_.  
I am aware of the nature and effect of the **RELEASE OF CLAIMS AND WAIVER OF LIABILITY FORM** that I (\*or my parent or guardian) is signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of the Q.H.S.A. and/or the Q.H.R.A. and/or the City of Ottawa, I acknowledge to having read this entire agreement prior to having signed it. Intending to be legally bound, I have signed this **RELEASE AND WAIVER OF LIABILITY** this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**WARNING: BY SIGNING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD**

\_\_\_\_\_  
Signature of Participant (or of Parent or Legal Guardian if Participant is not yet 18 years of age)

\_\_\_\_\_  
Signature of Q.H.S.A. Representative/Witness