



## **CUSTTA RELEASE FORM**

### **CERTIFICATION OF ACCURACY**

I hereby certify that all information contained herein is accurate and complete to the best of my knowledge and that I have withheld nothing that might be relevant to participation in the Calgary United Sports Table Tennis Association (CUSTTA) activities. This release form is valid at all times for as long as the member is on the CUSTTA premise.

### **ACKNOWLEDGEMENT**

I am aware that *Calgary United Sports Table Tennis Association (CUSTTA)* does not have any trained medical staff on the premises nor staff trained to provide assistance with activities of daily living (activities of daily living include administration of medications and physical transfer of the participant). CUSTTA offers physical activities and I am aware that the decision as to the extent of my participation is my responsibility given my physical and medical status.

### **RELEASE OF LIABILITY**

I agree to assume all responsibility, financial or otherwise, for any injury, including death, or property damage arising in connection with this participation, however caused. I agree to hold CUSTTA and the Land Lord of the premises blameless from and against all actions, suits or claims of any kind arising out of any loss, damage, expense or injury to persons or on the part of CUSTTA, its employees, agents, volunteers and property owners.

### **AUTHORIZATION OF MEDICAL TREATMENT**

In case of injury or sudden illness while participating in this program, I hereby authorize the application of emergency medical attention, if required. I understand that reasonable attempts will be made to reach the designated contact person but that emergency treatment may be applied without further consent. I further agree to assume all financial liability for this treatment.

Emergency Contact: \_\_\_\_\_

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

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Signature/or Guardian in case of Junior