## 2025 Storm the Beach Charity Tournament – Adult Team Form Release Waiver and Indemnity Form for OU & Durham Ultimate Club (DUC)

**NOTE:** This release form is a contract with legal consequences. Please read it carefully before accepting. If you are signing it for your child then the word "I" applies to your child as well as you.

I (or my child) want to participate in the **2025-Storm the Beach** Tournament hosted by the Durham Ultimate Club. I understand and acknowledge that the sport of Ultimate may involve physical risk. I accept the responsibility for inspecting each field on which I (or my child) play Ultimate in connection with Ontario Ultimate and Durham Ultimate Club and satisfying myself as to its safety. I certify that I (or my child) am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my (or my child's) participation in this activity.

In consideration of Ontario Ultimate and Durham Ultimate Club accepting me as a participant during the **Storm the Beach** Charity tournament, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge Ontario Ultimate and Durham Ultimate Club its sanctioning body and sponsors and all their respective agents, servants, contractors, representatives, directors, elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property how so ever caused, arising to or to arise by reason of my participation in the **Storm the Beach** tournament, whether as a spectator, participant, competitor or otherwise.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the **Storm the Beach** tournament.

By accepting this waiver, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I am aware that this is a release of liability and a contract and I sign it, of my own free will. Last, I warrant that I (or my child) am physically fit to participate in the **2025** Storm the Beach Charity Tournament.

| Printed Player Name | Signed Player Name<br>or Parent if U19 | Printed Player Name | Signed Player Name<br>or Parent if U19 |
|---------------------|--|---------------------|--|
| 1                   |  | 2                   |  |
| 3                   |  |                     |  |
| _                   |  | 6                   |  |
| 7                   |  | 8                   |  |
| 9                   |  | 10                  |  |
| 11                  |  | 12                  |  |
| 13                  |  | 14                  |  |
| 15                  |  | 16                  |  |
| 17                  |  | 18                  |  |
| 19                  |  | 20                  |  |

## 2025 Storm the Beach Charity Tournament – Junior Individual Form Release Waiver and Indemnity Form for Ontario Ultimate & Durham Ultimate Club

**NOTE:** This release form is a contract with legal consequences. Please read it carefully before accepting. If you are signing it for your child then the word "I" applies to your child as well as you.

I (or my child) want to participate in the 2025 **Storm the Beach** Charity Tournament of Ontario Ultimate (OU) and Durham Ultimate Club. I understand and acknowledge that the sport of Ultimate may involve physical risk. I accept the responsibility for inspecting each field on which I play Ultimate in connection with Ontario Ultimate and Durham Ultimate Club and satisfying myself as to its safety. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity.

In consideration of Ontario Ultimate and Durham Ultimate Club accepting me as a participant during the **Storm the Beach** Charity Tournament, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge Ontario Ultimate and Durham Ultimate Club, its sanctioning body and sponsors and all their respective agents, servants, contractors, representatives, directors, elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising to or to arise by reason of my participation in the **Storm the Beach** Charity Tournament, whether as a spectator, participant, competitor or otherwise, whether prior to, during, or subsequent to the **Storm the Beach** Charity Tournament and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I, on behalf of my child, further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the **Storm the Beach** Charity Tournament.

By accepting this waiver, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I am aware that this is a release of liability and a contract and I sign it, of my own free will. Last, I warrant that I (or my child) am physically fit to participate in the 2025 **Storm the Beach** Charity Tournament.

| Participant Information   |                  |              |  |  |  |
|---------------------------|------------------|--------------|--|--|--|
| Name:                     |                  |              |  |  |  |
| Current Address:          |                  |              |  |  |  |
| City:                     | Province:        | Postal Code: |  |  |  |
| Signatures                |                  |              |  |  |  |
| Participant is under      | Participant:     | Date:        |  |  |  |
| Participant is over<br>18 | Parent/Guardian: | Date:        |  |  |  |