



WINDSOR TFC TRYOUT FORM

PLEASE READ THE FOLLOWING CAREFULLY:

I hereby grant my son/daughter permission to attend a tryout with Windsor TFC, and its affiliates.

I hereby release Windsor TFC, its affiliates and its representatives, employees, agents, volunteers and directors from and against any and all liability for any damages or injuries including personal injury and damage to property, howsoever caused, which may be sustained by the said use of any of the grounds, and/or properties whether as a result of negligence or not and I/we hereby agree that this release shall constitute a complete defence to any action which I/we may otherwise be entitled to commence. This release shall be binding upon the undersigned, releasor, his/her heirs, executors and administrators and shall ensure to the benefit of, Windsor TFC, its affiliates, its directors, servants, agents, volunteers, employees and its successors.

The undersigned shall at all times indemnify and save harmless the Windsor TFC, its directors, servants, agents, employees and its successors from and against any claims, demands, losses, costs, damages, actions, suits or other proceedings by whomsoever made, sustained, brought or prosecuted in any manner based upon, occasioned by or attributable to anything done or admitted to be done by the organization or league using the facilities or its members or officers, employees or agents, in connection with the use of the facilities .

I am aware that if, as an individual registered in the U.S. and NOT with ECSA / OS, that I am not covered by any insurance in Ontario.

The undersigned acknowledges from time to time, photographs and/or video footage of participants may be taken and appear in articles, publications, features in the local media, or on public websites owned and / or operated by Windsor TFC or it's representatives.

NAME OF PARENT / GUARDIAN: _____

NAME OF PARTICIPANT(s): _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

TELEPHONE: _____ **EMAIL:** _____

MEDICAL CONDITIONS to be aware of: _____

SIGNATURE: _____ **DATE:** _____