



SILVERWOOD HEIGHTS COMMUNITY ASSOCIATION WAIVER

DATE

I, _____, hereby acknowledge that I am participating in the
(please print name)

Silverwood Heights Community Association Co-ed Adult Volleyball group, as an informed and wholly volunteer act, and I further agree to assume all risk associated with my participation in the said program, and to release, and save harmless the Silverwood Heights Community Association, its employees, servants and agents with respect to any damages or injuries which may occur by virtue of such participation.

Dated at the City of Saskatoon, in the Province of Saskatchewan, this _____ day of
_____.

Signature(s) of:

Participant

Parent/Guardian Participant (if under 18)