

Alberta Broomball Association

11759 Groat Road
Edmonton, AB T5K 3M6
Phone 780-459-7668

Waiver Form

I, _____ of _____
Players Name (please print) Street Address

City/Town Postal Code Phone

do hereby, in consideration of your acceptance for myself in your program, waive and release any and all rights and claim for personal injury or damage to myself in any activity relating to my broomball involvement within the _____ League _____ team and the Alberta Broomball Association Provincial Championship or Tournament.

I hereby agree to abide by the rules governing the Sport of Broomball as set down by the Alberta Broomball Association.

Signed: _____

Dated: _____

Date of Birth: _____
Day Month Year