



AllFit Canada Corp.

330 St. Mary Avenue, Winnipeg, MB R3C 3Z5

Email: allfitcanada@gmail.com

Website: www.allfitcanada.com

WAIVER

First Name

Last Name

I certify that I am eligible to participate in the recreational soccer games organized by AllFit Canada Corp. I hereby for myself, my heirs, executors, administrators, and sponsors waive any and all rights and claims that may arise against AllFit Canada Corp., its sponsors, agents or representatives for any and all injuries or losses suffered by me while practicing in, or in connection with the programs of AllFit Canada Corp.

I recognize and acknowledge that there are certain risks of physical injury to participants, including but not limited to concussions, broken or otherwise incapacitated bones or limbs, and so forth. I agree to assume the full risk of any physical injuries, including death, damages, or loss (regardless of severity) that I may sustain because of participating in any of the AllFit Canada Corp. programs.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assumes the risk that the I may be exposed to or infected by COVID-19 by attending the soccer facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the soccer facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the facility employees, staff and other participants and their families

I agree to waive and relinquish all claims I may have against AllFit Canada Corp. and its officers, directors, agents, volunteers, and employees as a result of participating in such events. I further agree to indemnify and hold harmless and defend AllFit Canada Corp. and its officers, directors, agents, volunteers and employees from any and all claims resulting from injuries, including death, damages and losses arising from or connected in any way to the AllFit Canada Corp. activities and / or events.

I have read and fully understand the waiver, and the release of all claims. I declare that the information entered above is, to the best of my knowledge, correct and complete.

Date

Signature