

Edmonton Singles Dinner & Wine Club

ESDWC Application / Waiver

Membership: Anyone attending an ESDWC will receive a free membership to the Club. Event <i>cheques are payable</i> to the Edmonton Singles Dinner & Wine Club.	Mailing Address: Edmonton Singles Dinner & Wine Club Box 67149 RPO Meadowlark Edmonton, AB T5R 5Y3 Telephone: 780-465-9979 Email: membership@esdwc.com
Personal Information: <input checked="" type="checkbox"/> I am a first time attendee. <input checked="" type="checkbox"/> I have special dietary requirements.	
Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City: _____	Fax: _____
Postal Code: _____	E-mail: _____
Please indicate which age category you are in: <input checked="" type="checkbox"/> (Optional)	
40+ <input type="checkbox"/>	50+ <input type="checkbox"/>
60+ <input type="checkbox"/>	70+ <input type="checkbox"/>

IN ORDER TO ATTEND ANY EVENT(S) SPONSORED BY THE ESDWC, YOU MUST COMPLETE THIS WAIVER AGREEMENT

Waiver

Description of Risk, Release of Liability, Waiver of Claims, Assumption of Risks & Indemnity Agreement:

I am aware that I must be of legal drinking age. ESDWC event(s) could include some physical activity and as such, has inherent risks of physical injury. These injuries could include but are not limited to all manner of injuries, contact with other participants and failure to follow proper instructions either by myself or other participants.

I undertake that if I consume alcohol at any event(s) I will do so only in moderation and in insufficient quantity to affect my ability to drive a motor vehicle as I appreciate that drinking and driving is dangerous. I will arrange in advance of the event(s) alternate transportation home should it be required because I have failed in my undertaking. I will be responsible for any other party with whom I have come to the event(s) so as to ensure they do not drive while their inability to do so is impaired by alcohol or drugs. I will accept full responsibility for my own actions and do not anticipate that the ESDWC will be vigilant as to my condition during the event(s) and accept that the ESDWC will not have any responsibility for my welfare.

In consideration of the ESDWC allowing my participation in the ESDWC events(s), I agree to assume all risks relating to my participation and to be solely responsible for any injury, loss or damage which I may sustain, notwithstanding that such injury, loss or damage may have been caused by the negligence of the ESDWC, volunteers, contractors or agents, other participants, venues and their owners where event(s) are held, to hold harmless and indemnify the ESDWC from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my membership and/or participation in the ESDWC event(s); and to hold harmless and indemnify the ESDWC, volunteers, contractors or agents, other participants, venues and their owners where event(s) are held, from any and all injury, loss, damage, claims and costs which may arise from my participation in the ESDWC event(s).

I hereby waive and release any and all claims my heirs or I and or assigns may be entitled to make as a result of my participating in the ESDWC event(s).

ACKNOWLEDGEMENT:

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon my heirs, executors, administrators and representatives.

SIGNED THIS _____ day of _____, _____ at Edmonton, Alberta.

 Name (please print) Signature

WITNESS: _____
 Name (please print) Signature