



Kettle Moraine Curling Club



Junior Curling

Parent Name: _____

Email: _____

Junior Curling (Sunday Afternoon – begins November 6th)

Participants:

Address:

Date(s) of Birth:

Comments/Notes:

Release of Liability – I, the undersigned, acknowledge and agree that the risk of injury from activities involved is significant; and I knowingly and freely assume all such risks and I for myself; and in behalf of my heirs hereby release and hold harmless the Kettle Moraine Curling Club, their officers, members, volunteer instructors and any persons involved with this event / class, with respect to any and all injury or loss, or damage to person or property; to the fullest extent permitted by law. I have read this release of liability, fully understand its terms and sign it freely.

Child's Name _____ Date _____

Parental/Guardian Signature (if under 18 years)

Mail Completed Forms to: Kettle Moraine Curling Club
PO Box 244
2630 Oakwood Road
Hartland, WI 53029