



Historical Armored Combat Sports Association

Liability Waiver

Name (Please Print): _____

Participant Address: _____ Email Address: _____

Participant Phone Number: _____ Postal Code: _____

HACSA Membership: ☐ Minor (under 18) ☐ Participant ☐ Volunteer ☐ Contractor

Emergency or Medical Contact Name: _____

Emergency or Medical Contact Phone: _____

Adult Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement
By signing this document, you will waive your right to pursue legal action. Please read carefully!

I, _____
(Full legal name of participant– please print clearly),

The undersigned (also referred to as “Participant”), having attained the age of majority in Alberta and having read and understood the contents of this document, do, by the affixing of my signature to this document, consent to the provisions therein. I understand and agree that this document is intended to be as broad and inclusive as possible under the law in the Province of Alberta and in the country of Canada, and that if any portion of this document is rendered invalid, the balance shall continue in full legal force and effect. **Signature of this document entitles the signee to general commercial liability insurance coverage limited to the duration of the tournament, event or demonstration as defined in the event details section and is also limited to the Historical Armored Combat Sports Association membership and admission requirements. It does not entitle a participant to voting rights within any society, organization or company unless otherwise defined by the owners of Historical Armored Combat Sports Association in a subsequent document.**

By signing, you agree it is your intention to participate in activities organized by the Historical Armored Combat Sports Association (hereafter referred to as “HACSA”), its teams, or its members, which are a legally registered company in the province of Alberta. During these activities I will be, of my own choosing, involved as a participant in various medieval re-enactment activities, armored combat, reproductive combat practices and techniques which may incidentally cause bodily harm. These events may include but are not limited to competitive matches, competitive group matches, armored combat, group activities, martialing or refereeing activities, dancing, feasts, arts & crafts, workshops, seminars and performances. Also, by signing this form, I do hereby state that I have no medical condition that prevents me from taking part in any activity I participate in, in conjunction with or for the Historical Armored Combat Sports Association. **You agree that you will notify a HACSA representative if your current medical conditions change, or of any adverse medical conditions that arise prior to entering into any event or competition. I do plan to abide by any insurance requirements or instructions given to me by the HACSA, its members, or its directors. If I am under 18 years of age, I will have a parent or guardian additionally sign all required forms knowing and accepting fully the risks involved in this activity, which shall be under the close observation of said signing authority at all times.**

I recognize that taking part in these activities may involve varying degrees of risk, and that the risk of damages, injury, or death to myself during these activities may exist. I also recognize that the standards and practices of the company are intended to minimize risk but cannot eliminate it. I hereby accept and assume any such risks and liabilities, however caused. I agree to familiarize myself with and abide by any relevant and applicable standards, bylaws and practices of HACSA, and any local laws or legislation, before taking part in any activity organized by the company. I also agree that, if at any time I feel the activity I am taking part in is unsafe, I will immediately take all precautions to avoid said unsafe activity, refuse to participate further, and report it to a HACSA Director or Representative.

Initials _____



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I agree to indemnify, hold harmless and covenant not to take legal action against any member of the Historical Armored Combat Sports Association, including its organizers and respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in activities organized by the company, and notwithstanding that the same may have contributed to or been occasioned by the negligence of said bodies, or any of their agents, officials, servants or representatives. I understand and agree that this waiver is to be binding on myself, my heirs, executors and assigns.

ACKNOWLEDGMENT

It shall be stated that this form, the "Liability Waiver", is the entire agreement, and there are no other collateral agreements, representations, or warranties or terms associated with the signature of the participant on this document, and any further amendments or agreements in writing may be subsequently completed separately if set out and signed by both parties.

In consideration of being allowed to participate in the events organized in part or directly by Historical Armored Combat Sports Association ("HACSA" or Historical Armored Combat Sports Association or its member entities); I, _____, acknowledge and agree that I have read, signed, agreed to, and will abide by the following, with all the terms and conditions therein:

- o HACSA Bylaws
- o HACSA Liability Waiver Form
- o HACSA Rules and Regulations
- o HACSA Participant Code of Conduct
- o HACSA Harassment and Violence Prevention Policy
- o HACSA Social Media Policy

For more information on the HACSA policies including harassment, confidentiality, and conflicts of interest, you may email HACSACanada@gmail.com for more information.

By signing this form, the participant does agree that they have had an opportunity to review this document and discuss any issues or concerns with independent legal counsel prior to entering into this agreement.

All claims or disputes in relation to this document shall be governed by the laws of the province of Alberta. Diligent timing of signatures is required before participation in any event and no participant will be allowed to participate in any HACSA sanctioned event, tournament, fundraiser, demonstration, practice, training or meeting without a sufficiently signed liability waiver.

CONSENT TO PHOTOGRAPHS & VIDEOS

By signing this form, I hereby consent to have my name used, my image photographed or filmed while participating in an HACSA organized event. I further acknowledge that Historical Armored Combat Sports Association reserves the right to use the photographs and/or videos taken during its events for its promotional or training purposes and that those contents are the property of Historical Armored Combat Sports Association and its designated affiliates.

Initials _____



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TERMS AND CONDITIONS

I, _____, as a participant, do hereby acknowledge, agree, and consent to all of the following Terms and Conditions:

1. I have no medical condition that prevents me from taking part in any activity I participate in conjunction with or for HACSA and will inform HACSA should any adverse medical conditions arise or change.
2. I abide by all insurance requirements given to me by members of HACSA and agree that if I cannot conform to these requirements, I shall withdraw from any event I choose to participate in.
3. I take all precautions to avoid unsafe activities and will report unsafe actions.
4. I understand the risks associated with participating in any HACSA event, and recognize the importance of complying with the laws, policies, all sport rules and regulations, and local Alberta laws.
5. In consideration of being allowed to voluntarily participate in the tournament, I wave, indemnify, and hold harmless the tournament organizer, its affiliates, its sponsors and all members, directors, owners or partners from potential liabilities for any loss, injury, illness, disability or death that may occur before, during and after the said tournament.
6. Further, I indemnify and hold harmless the company and tournament organizer from any claims, expenses, and liabilities in connection to the tournament or event.

I also affirm that I am of legal age and am freely signing this waiver.

Signature of Member (Adult)

Date

Printed Name of Member

Signature of Witness

Date

Printed Name of Witness

PARENTAL CONSENT

Parent or Guardian Consent for Subjects Ages 5 - 17 (if applicable)

Signature of Member (Youth)

Date

Printed Name of Member

Signature of Guardian

Date

Printed Name of Guardian

Initials _____