



an
Emmanuel Bible College
Student Life Fundraiser

Wildcats With Brooms
Where the Curling Meets Your Face

Saturday, March 13, 2010
Starting @ 7:00 PM
(Departing Emmanuel at 6:15)

Hosted at Ayr Curling Club, Ayr ON
210 Northumberland Street

Recreational Bonspiel: Minimum 2 draws of 4 ends each
Pizza, Pop, and Snacks included
Registration Deadline: Monday, March 8, 2010

Space is limited to 32 participants. Entries will be accepted on a first come, first serve basis.

Cost if you pay:

By January 29th: \$25

By February 12th: \$30

After February 12th: \$35

Please bring \$2.00 for gas on the night of the event payable to your driver.

Registration is on an individual basis. Teams will be created to share experience.

All participants must sign the waiver form attached and submit it with this registration.

Note: Those who participated in Fall 2009 do not need to fill out a waiver

1. INFORMATION

Name: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Level of Curling experience:

None			Medium		Lots
0	1	2	3	4	5

I am willing to drive _____ people to and from Emmanuel (including myself)
(Passengers will contribute \$2.00 each for gas – approx. 50 km round trip)

I am willing to lead a team (skip) _____

2. PAYMENT

Individuals are not considered registered until full payment is received.

- Cash (Please include with registration form)
- Cheque Payable to Emmanuel Bible College (Please include “Curling Fundraiser” on cheque)
- Debit, Visa, or Mastercard (Please contact Tim Grace or Helen Oviedo to use this method)

3. HOW TO REGISTER

Send this form: Attention: Tim Grace

Fax 519-894-5331 E-mail: tgrace@ebcollege.on.ca

Mail: Emmanuel Bible College, 100 Fergus Avenue, Kitchener ON N2A 2H2

4. REGISTRATION CONFIRMATION

All registrants will receive an entry confirmation by e-mail.

How did you hear about this bonspiel?

- Posters
- Word of Mouth
- Website
- Chapel Video
- I finally gave in to Tim repeatedly telling me to come.
- Other: _____

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Informed Consent and Waiver of Liability

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Name of Participant: _____

Address of Participant: _____

Birth Date: _____ Phone No: _____

Emergency Contact: _____

Relationship: _____ Phone No. _____

Health Insurance No: _____ Province: _____

Relevant Medical Conditions: _____

Event Title: Wildcats with Brooms

Description of Event: Curling Bonspiels

Date(s) of Event(s): March 13, 2010 (or alternate date for weather)

In consideration of the Governors of Emmanuel Bible College (“EBC”) allowing my participation in the above-noted event, I represent and agree as follows:

1. I am aware that participating in the above-noted event has many inherent dangers, hazards and risks, including but not limited to the following:

GENERAL:

- Theft, loss or damage to personal property;
- Any manner of injury, disability or death arising from travel by car, bus or any other means to and from the above-noted event;
- Any manner of injury, disability or death resulting from use, misuse, non-use and failure of any equipment;
- Illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers;
- Acts by third parties unrelated to the above-noted event.

SPECIFIC:

- Any injury or even death due to accidents at the bonspiel
- Any injury or even death due to accidents involving or near to ice
- Any injury or even death due to traveling to and from the bonspiel location
- Any injury or even death resulting from food and beverage consumption during the event
- Any injury or even death resulting from equipment used through the duration of the event

2. I am aware that EBC does not insure students against injury, accident, hospitalization, disability or death. I acknowledge that it is my responsibility to obtain supplemental medical, hospitalization and disability insurance coverage while participating in events on or off campus. If international travel is involved, I agree to provide evidence of such insurance coverage.
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8. I knowingly and freely accept and fully assume any risks, dangers and hazards, whether known or unknown, and the possibility of personal injury, illness, death, property damage or loss, resulting from my participation in the above-noted event. I release, waive and hold harmless EBC, its Board of Governors, officers, employees and agents from any liability, claims, causes of action and/or damages of any kind relating to or arising out of the above-noted event.
9. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

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Signed on this _____ day of _____, 20____ at Kitchener, Ontario.

Signature of Witness (EBC Employee)

Signature of Participant
(or Parent/Guardian, if applicable)

Print Name of Witness

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Signed on this _____ day of _____, 20____ at Kitchener, Ontario.

Signature of Witness (EBC Employee)

Signature of Participant
(or Parent/Guardian, if applicable)

Print Name of Witness

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an
Emmanuel Bible College
Student Life Fundraiser

Wildcats With Brooms
Where the Curling Meets Your Face

Saturday, March 13, 2010
Starting @ 7:00 PM
(Departing Emmanuel at 6:15)

Hosted at Ayr Curling Club, Ayr ON
210 Northumberland Street

Recreational Bonspiel: Minimum 2 draws of 4 ends each
Pizza, Pop, and Snacks included
Registration Deadline: Monday, March 8, 2010

Space is limited to 32 participants. Entries will be accepted on a first come, first serve basis.

Cost if you pay:

By January 29th: \$25

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Please bring \$2.00 for gas on the night of the event payable to your driver.

Registration is on an individual basis. Teams will be created to share experience.

All participants must sign the waiver form attached and submit it with this registration.

Note: Those who participated in Fall 2009 do not need to fill out a waiver

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Name: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Level of Curling experience:

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0	1	2	3	4	5

I am willing to drive _____ people to and from Emmanuel (including myself)
(Passengers will contribute \$2.00 each for gas – approx. 50 km round trip)

I am willing to lead a team (skip) _____

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Health Insurance No: _____ Province: _____

Relevant Medical Conditions: _____

Event Title: Wildcats with Brooms

Description of Event: Curling Bonspiels

Date(s) of Event(s): March 13, 2010 (or alternate date for weather)

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Event Title: Wildcats with Brooms

Description of Event: Curling Bonspiels

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Address of Participant: _____

Birth Date: _____ Phone No: _____

Emergency Contact: _____

Relationship: _____ Phone No. _____

Health Insurance No: _____ Province: _____

Relevant Medical Conditions: _____

Event Title: Wildcats with Brooms

Description of Event: Curling Bonspiels

Date(s) of Event(s): March 13, 2010 (or alternate date for weather)

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- Any injury or even death due to accidents involving or near to ice
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Signed on this _____ day of _____, 20____ at Kitchener, Ontario.

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Signature of Participant
(or Parent/Guardian, if applicable)

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an
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Wildcats With Brooms Where the Curling Meets Your Face

Saturday, March 13, 2010
Starting @ 7:00 PM
(Departing Emmanuel at 6:15)

Hosted at Ayr Curling Club, Ayr ON
210 Northumberland Street

Recreational Bonspiel: Minimum 2 draws of 4 ends each
Pizza, Pop, and Snacks included
Registration Deadline: Monday, March 8, 2010

Space is limited to 32 participants. Entries will be accepted on a first come, first serve basis.

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Description of Event: Curling Bonspiels

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Pizza, Pop, and Snacks included
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Print Name of Participant
(or Parent/Guardian, if applicable)

Position of EBC Employee



an
Emmanuel Bible College
Student Life Fundraiser

Wildcats With Brooms Where the Curling Meets Your Face

Saturday, March 13, 2010
Starting @ 7:00 PM
(Departing Emmanuel at 6:15)

Hosted at Ayr Curling Club, Ayr ON
210 Northumberland Street

Recreational Bonspiel: Minimum 2 draws of 4 ends each
Pizza, Pop, and Snacks included
Registration Deadline: Monday, March 8, 2010

Space is limited to 32 participants. Entries will be accepted on a first come, first serve basis.

Cost if you pay:

By January 29th: \$25

By February 12th: \$30

After February 12th: \$35

Please bring \$2.00 for gas on the night of the event payable to your driver.

Registration is on an individual basis. Teams will be created to share experience.

All participants must sign the waiver form attached and submit it with this registration.

Note: Those who participated in Fall 2009 do not need to fill out a waiver

1. INFORMATION

Name: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Level of Curling experience:

None			Medium		Lots
0	1	2	3	4	5

I am willing to drive _____ people to and from Emmanuel (including myself)
(Passengers will contribute \$2.00 each for gas – approx. 50 km round trip)

I am willing to lead a team (skip) _____

2. PAYMENT

Individuals are not considered registered until full payment is received.

- Cash (Please include with registration form)
- Cheque Payable to Emmanuel Bible College (Please include “Curling Fundraiser” on cheque)
- Debit, Visa, or Mastercard (Please contact Tim Grace or Helen Oviedo to use this method)

3. HOW TO REGISTER

Send this form: Attention: Tim Grace

Fax 519-894-5331 E-mail: tgrace@ebcollege.on.ca

Mail: Emmanuel Bible College, 100 Fergus Avenue, Kitchener ON N2A 2H2

4. REGISTRATION CONFIRMATION

All registrants will receive an entry confirmation by e-mail.

How did you hear about this bonspiel?

- Posters
- Word of Mouth
- Website
- Chapel Video
- I finally gave in to Tim repeatedly telling me to come.
- Other: _____

All funds raised go towards supporting Student Life at Emmanuel Bible College

For more information about EBC, check out our website at www.ebcollege.on.ca

Emmanuel Bible College

Informed Consent and Waiver of Liability

The following form must be distributed to the participant with advance notice to provide the participant with sufficient time to consider the legal implications of signing the Informed Consent and Waiver of Liability. This form must be signed before participation in the planned event. A Medical Information Form may be requested, if needed.

Name of Participant: _____

Address of Participant: _____

Birth Date: _____ Phone No: _____

Emergency Contact: _____

Relationship: _____ Phone No. _____

Health Insurance No: _____ Province: _____

Relevant Medical Conditions: _____

Event Title: Wildcats with Brooms

Description of Event: Curling Bonspiels

Date(s) of Event(s): March 13, 2010 (or alternate date for weather)

In consideration of the Governors of Emmanuel Bible College (“EBC”) allowing my participation in the above-noted event, I represent and agree as follows:

1. I am aware that participating in the above-noted event has many inherent dangers, hazards and risks, including but not limited to the following:

GENERAL:

- Theft, loss or damage to personal property;
- Any manner of injury, disability or death arising from travel by car, bus or any other means to and from the above-noted event;
- Any manner of injury, disability or death resulting from use, misuse, non-use and failure of any equipment;
- Illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers;
- Acts by third parties unrelated to the above-noted event.

SPECIFIC:

- Any injury or even death due to accidents at the bonspiel
- Any injury or even death due to accidents involving or near to ice
- Any injury or even death due to traveling to and from the bonspiel location
- Any injury or even death resulting from food and beverage consumption during the event
- Any injury or even death resulting from equipment used through the duration of the event

2. I am aware that EBC does not insure students against injury, accident, hospitalization, disability or death. I acknowledge that it is my responsibility to obtain supplemental medical, hospitalization and disability insurance coverage while participating in events on or off campus. If international travel is involved, I agree to provide evidence of such insurance coverage.
3. To the best of my knowledge, there are no health-related reasons or problems that preclude or restrict my participation in the above-noted event. If this event involves international travel, I agree to obtain and provide evidence of the appropriate medical clearances, such as immunizations, medical advice and the required level of physical fitness.
4. In the event of an accident or serious illness, I authorize EBC to obtain medical treatment for me and on my behalf. I agree to hold harmless and indemnify EBC from any liability, claims, causes of action and/or damages, arising out of or resulting from medical treatment obtained.
5. I give permission to release information provided on this form to EBC employees and others including insurance agents and/or emergency medical personnel as required.
6. I agree to make sure that I know how to safely participate in the above-noted event, and I agree to observe any rules and practices, which may be employed to minimize risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue any activity.
7. I further agree to become familiar with the policies of EBC and/or its partners, if applicable, concerning student conduct during on and off-campus events and agree not to violate any directives or instruction made by the persons in charge of the above-noted event. I understand that failure to obey directives may result in my expulsion from any remaining portion of the above-noted event.
8. I knowingly and freely accept and fully assume any risks, dangers and hazards, whether known or unknown, and the possibility of personal injury, illness, death, property damage or loss, resulting from my participation in the above-noted event. I release, waive and hold harmless EBC, its Board of Governors, officers, employees and agents from any liability, claims, causes of action and/or damages of any kind relating to or arising out of the above-noted event.
9. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I have read this Informed Consent and Waiver of Liability, fully understand its terms and sign it freely and voluntarily without any inducement. I am at least eighteen (18) years of age and fully competent to sign this Informed Consent and Waiver of Liability. If I am not eighteen (18) years of age, my parent or legal guardian has signed on my behalf.

Signed on this _____ day of _____, 20____ at Kitchener, Ontario.

Signature of Witness (EBC Employee)

Signature of Participant
(or Parent/Guardian, if applicable)

Print Name of Witness

Print Name of Participant
(or Parent/Guardian, if applicable)

Position of EBC Employee



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(or Parent/Guardian, if applicable)

Print Name of Witness

Print Name of Participant
(or Parent/Guardian, if applicable)

Position of EBC Employee