



KURL FOR KIDS Pro-Am Charityspiel
Oakville Curling Club



BN: 871420410RR0001

Participant's Name:		Phone #:				
PLEASE PRINT CLEARLY. Receipts automatically issued for donations in excess of \$20.00 unless one is not required Full address must be completed to receive your receipt Cheques made payable to Kurl for Kids						
		Business Sponsorship Amount	Personal Donation Amount	Paid v	Pay Type v = Cheque \$ = Cash	Receipt Required Yes/No
Name	Company/Business					
Address: Street/City/Prov/Postal Code						
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Address: Street/City/Prov/Postal Code						

Totals for Page:		Cheque==>		Cash==>	
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In volunteering to participate in the Kurl For Kids Celebrity Bonspiel, I hereby agree that this activity is and shall be at my own risk against all casualties to myself or my property and that I take all risks of any kind no matter how caused and I hereby release and discharge The Oakville Hospital Foundation, the local Committee, sponsors, Oakville Curling Club and indemnify them of and from all actions, claims and demands of every nature and kind whatsoever which I, or my heirs, executors, administrators or assigns, may now or can at anytime thereafter have against the said sponsors of the said event for or on account of any loss, damage or injuries be caused by negligence, default or misconduct of the sponsors of Kurl For Kids themselves, servants, agents, members or otherwise howsoever.

SIGNATURE OF PARTICIPANT: _____

DATE: _____