



Lethbridge Combative Sports Commission

Hold Harmless Liability and Personal Injury Waiver

Official's Name: _____

Address: _____

Phone Number: _____ Email: _____

____ - **RELEASE.** I hereby acknowledge and agree to hold harmless, not to hold liable, and not to bring any demand or commence any claim whatsoever, legal or equitable, including any claim for negligence, against the City of Lethbridge and/or the Lethbridge Combative Sports Commission or any of their respective agents, promoters, servants, employees, staff, volunteers, officials, referees, Emergency, Security & Police Personnel, Physicians and any other Medical Personnel, other combatants or participants, managers, trainers, Facility and Property owners where the said event is taking place, ("Releasees") for any injury or death, expense, loss of income or damage/destruction of property, suffered or incurred as a result of my Participation in any activity or bout organized by the above noted Releasees regardless of whether such injury and/or loss is known, unknown, or due to any cause whatsoever, including or resulting from the acts, conduct, negligence, or omissions of the Releasees. I understand that negligence includes the failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with combative sports.

____ - **ASSUMPTION OF RISK.** I, as the Official or Participant, fully understand that full contact combative sports are activities that inherently carry a very real and substantial risk of severe injury or death to me. I fully understand the dangerous nature of the sport and freely and fully consent to participate as an Official with the:

Lethbridge Combative Sports Commission

____ - **INDEMNIFICATION.** I shall indemnify, defend, pay on behalf of and hold harmless, the Releasees, from and against all loss, claims, demands, costs (including solicitor/client costs), damages, actions, suits or proceedings arising out of, or in connection with, the activities or performance of this event by myself, my agents, representatives, employees or next of kin.

I have read and fully understand this waiver and I have had the time and the freedom to seek legal counsel or advice prior to signing this waiver. I am signing this waiver of my own free will without any duress or undue pressure. I acknowledge that I am in the proper physical and mental health to participate with the above organization.

It is also my intent to have this waiver extend to my estate and to bind my heirs, executors, administrators, representatives and assigns.

Signature of Official: _____ Date: _____

Signature of Witness: _____ Date: _____