

**2<sup>nd</sup> ANNUAL RCD INTERNATIONAL WHEELCHAIR BONSPIEL  
REGISTRATION FORM  
Dec 9 -13 2008 at the Richmond Curling Club  
Fax: 604-232-2415  
Ph: 604-232-2404**

Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male  Female   
(day/month/year)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Curling Club \_\_\_\_\_

Curling Experience \_\_\_\_\_ None

**RELEASE OF RESPONSIBILITY**

I, the undersigned, release Richmond Centre for Disability, from any and all liability or responsibility for personal injury, death, or loss or damage to property in any way connected with my participation while participating in the 2<sup>nd</sup> Annual International Wheelchair Bonspiel at Richmond Curling Club December 9-13, 2008 inclusive, or while traveling to or from the bonspiel:

In the event of an accident or injury, I authorize medical volunteers to provide or consent to necessary treatment if I am unable to provide consent due to exigent medical circumstances.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Witness: \_\_\_\_\_

**PHOTO RELEASE**

I give permission for any photograph, videotape reference of myself or any other form of written or audiovisual record of my participation in the 2<sup>nd</sup> Annual International Wheelchair Bonspiel by the RCD, and CurlBC.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent**

Please sign below as consent for medical treatment at the 2<sup>nd</sup> Annual International Wheelchair Bonspiel, should the need arise. (Minors under 19 years of age on Dec 9, 2005 require a parent or guardian to sign.)

**PLEASE SUBMIT ON OR BEFORE NOVEMBER, 17, 2008**

Signature \_\_\_\_\_

Date \_\_\_\_\_