



## Historical Armored Combat Sports Association HACSA

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Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership:  Member  Minor (under 18)  Event Fee (Trial or Non-Member)

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**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, and that if any portion of this document is rendered invalid, the balance shall continue in full legal force and effect.

**It is my intention to participate in activities organized by the Society (Historical Armored Combat Sports Association), a Federal non-profit organization incorporated under the Canada Not for Profit Corporations Act. During these activities I will be, of my own choosing, involved as a participant in various medieval re-enactment activities, heavy armored combat, reproductive combat practices and techniques which may incidentally cause bodily harm.** These events may include but are not limited to martialing activities, dancing, feasts, arts & crafts, workshops, seminars and performances. 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. **I do also abide by any insurance requirements given to me by the Historical Armored Combat Sports Association, 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 Society 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 the Historical Armored Combat Sports Association, before taking part in any activity organized by the Society. 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, and refuse to participate further, and report it to a member of the Board of Directors of the Historical Armored Combat Sports Association. **I agree to indemnify, hold harmless and covenant not to take legal action against 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 Society, 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.**

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**Signature of Participant or Guardian (For Participants Under 18)**

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**Emergency Contact Name**

**Contact Phone Number**