

Absolutely Badminton

Required Information

The following information is required for:
COVID-19 contact tracing

First Name:

Surname:

Phone Number:

Badminton BC - Insurance coverage (the above information, plus)

Date of Birth: (Y) (M) (D)

E-mail address:

Residential Address:

WAIVER

Please read before signing. If you do not understand then ask for clarification.

In consideration of a drop-in fee for each session or part thereof, or a semi-annual or annual membership, the undersigned, do hereby waive and release all rights and cause of actions, claims and demands howsoever arising, including, but not limited to property damage and bodily injury against the Absolutely Badminton Group (the "Group") or its members and directors while participating in any activity, game or pursuit organized by or on behalf of the Club.

NAME:

SIGNATURE:

DATE: (YY/MM/DD)

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