

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

Each member MUST read and agree to each of the waivers below in order to complete their registration.

Agree to Club Liability Releases (1 of 3)

In consideration of being allowed to participate in any way in the programs of the KETTLE MORAINÉ CURLING CLUB and the UNITED STATES CURLING ASSOCIATION, INC. (USCA), their related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Club and the USCA immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CLUB AND THE USCA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) a hard copy Release of Liability must be completed by a parent/guardian with legal responsibility for the participant of minority age. [Please click here to download and print the release.](#) The completed Release of Liability must be delivered to the Kettle Moraine Curling Club, located at 2630 Oakwood Road Hartland, Wisconsin 53029, before a participant of minority age may participate in any way in the programs and related events and activities of the Kettle Moraine Curling Club.

BY CLICKING THIS BUTTON, I CERTIFY THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND AGREE TO IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

KMCC Concussion Protocol (2 of 3)

This protocol is in force for any participant entering the icehouse. This includes KMCC club members, high school groups, corporate events, bonspiel attendees, etc.

Concussion, also known as mild traumatic brain injury, is a head injury that temporarily affects brain functioning.

Symptoms may include headache or a feeling of pressure in the head, temporary loss of consciousness, confusion or feeling as if in a fog, memory loss surrounding the traumatic event, dizziness, ringing in the ears, nausea, vomiting, slurred speech, delayed response to questions, appearing dazed, double vision, or fatigue.

Any participant who falls and has contact with the ice by the head or face shall be excluded from play for the remainder of the day. Any participant who exhibits any of the signs or symptoms above should be evaluated by a medical professional and cleared to return to play for future games.

Any participant with loss of consciousness and/or an open wound on the head or face as a result of the fall is strongly encouraged to be evaluated immediately by a medical professional at a hospital or urgent care. Paramedics should be called to evaluate any participant with an open wound or loss of consciousness.

KMCC, its board of directors, and its members are not providing any medical advice. Return to play without evaluation by a medical professional is done so at your own risk.

REPRESENTATION AND RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 (3 of 3)

REPRESENTATION /ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate as a voluntary member of the Kettle Moraine Curling Club in any and all curling social or other events and activities at Kettle Moraine Curling Club ("KMCC"), (together, being present at KMCC and/or participating in all such KMCC related events and activities is defined as "Participation") the undersigned acknowledges, appreciates, and agrees that:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and practices of KMCC may reduce that risk, and careful personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS related to Participation, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation established by KMCC as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard or non-compliance during my Participation, I will remove myself from participation and bring such to the attention of a member of the KMCC board of directors immediately; and,
- I further represent that each time I engage in Participation at KMCC, I am thereby certifying that I do not have any symptoms of illness including fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea or other symptoms associated with illness including COVID-19; and,
- I further represent that if I test positive for COVID-19 or other communicable diseases within 14 days of my Participation at KMCC, I will immediately inform a member of the KMCC board of directors so that KMCC can take precautionary measures to ensure the safety of the club including contact tracing, which may include identifying me as a person who has tested positive; and further understand that I am prohibited from returning to the club for any reason for 14 days after learning that I have tested positive for COVID-19 or other communicable diseases, and that if I violate this prohibition my membership in KMCC may be terminated; and,

- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS KETTLE MORAINÉ CURLING CLUB, their directors, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, insurers, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, consent to my child’s or ward’s Participation as a member of KMCC, and I have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and Participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her complete and final release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s Participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Submit the completed signed waiver to:

Please mail or forward to::

Jeff Nelson, Membership Chair
N74 W24316 Viola Court
Sussex, WI 53089
Jnelsonpa07@gmail.com