

Printed Name of Witness

Equipment Supply Form - Group

Date Packed Date Picked-up		Packers			
Organization					
Name			Charitable #		
Address					
City	Province		Postal Code		
Contact Person					
Name			Position		
Phone Number	Email Address				
Equipment	Size		Equipment	Size	Quantity
ESTIMATED NUMBER OF KIDS ASS					
I,, (the sign this agreement on behalf of my o		the Represen	ntative of	("the Organiza	tion"), herby
I acknowledge that the sports equipm the participation in certain recreation participation in certain recreational ac user. I acknowledge these INHERTE the Equipment is USED AND DONA	tal activities and the ctivities, may involved the control of the	hat use of th lve INHERE hoose to allo	e equipment, including but ENT RISKS that may cause w my Organization to use the	not limited to use which of serious injury and possibly	ccurs during death to the
I hereby WAIVE ANY AND ALL equipment donors and/or affiliates (cofrom and against all losses, costs, dan and costs (collectively, the "Claims' whatsoever sustained by my Organiza	ollectively, "Calga nages, expenses, lia regardless of w	ry Flames Sp abilities, clair hen and how	orts Bank") and RELEASE ms, demands and causes of a they arose for injury, dea	CALGARY FLAMES SPO action of any kind including th, property damages or an	ORTS BANK all legal fees
Dated this day of	, 20), at the	e City of Calgary, Province	of Alberta.	
Witness Signature			Signature of Repre	esentative	

Printed Name of Representative