



# Glenwood Community Centre

*Serving the Community since 1948*



## **LIABILITY RELEASE & INDEMNITY FORM**

My minor child(ren) has asked to be allowed to participate in the Learn to Play Baseball Program provided by Glenwood Community Centre on March 29, 2026. The undersigned, on behalf of my minor child(ren) agrees and acknowledges that in consideration for being permitted by the City of Winnipeg (the "City") and Glenwood Community Centre ("the "Centre") to participate in the Learn to Play Baseball Program, the undersigned, on behalf of my minor child(ren) does hereby release and forever discharge the City and the Centre from all and every cause of action, claim or demand of any kind the undersigned may have as a result of any damage, injury or death which may arise or occurs due to the participation of my minor child(ren) in the Learn to Play Baseball Program.

The undersigned, on behalf of my minor child(ren) further agrees to indemnify and save harmless the City and the Centre from and against all claims, actions or proceeding arising from loss, injury or damages by any person, firm or corporation, or by any person whomsoever (including the undersigned, and his or her heirs, successors and assigns or any member, employee, agent, licensee, invitee or third party whether claiming through or under the undersigned or otherwise) howsoever cause, including by reason of, resulting from, or in any way incidental to my minor children participating in the Learn to Play Baseball Program provided by the Centre on March 29, 2026.

I am 18 years of age and older, have read this form, fully understand its terms and sign it freely and voluntarily.

I confirm that I have read and agree to the above Liability Release and Indemnity Form.  
Dated at the City of Winnipeg, in Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

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Witness

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Signature

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Print Name

Names of Minor Child(ren):

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Name of Emergency Contact: \_\_\_\_\_

Phone No. of Emergency Contact: \_\_\_\_\_

If someone other than yourself is picking your child(ren) up from this program, please provide their full name as we will be requesting ID from them: \_\_\_\_\_.