

Jerry Dias
National President



Bob Orr
National Secretary-Treasurer



NATIONAL – 29TH ANNUAL CURLING BONSPEIL

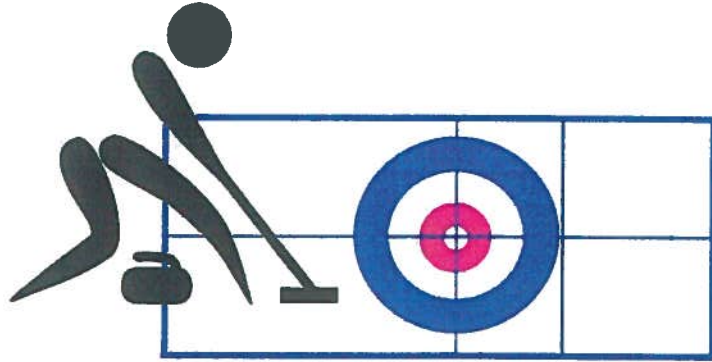
HOSTED BY N.O.R.C. RECREATION COUNCIL

MIDLAND CURLING CLUB
474 King Street, Midland ON L4R 4L3

NOVEMBER 4th, 2017
MUST BE REGISTERED BY: 10:00 A.M.
START TIME: 10:30 A.M.
Lunch & Awards



Limited Space Available
Rink can consist of: 4-men; 4-women; or mixed



ENTRY FEE: \$120.00 per team (team consists of 4 players only) (\$30 per player)

INCLUDES: Ice Time, Cash Bar / Meal Provided, Prizes & Tournament Fees



This event is open to Unifor members, their spouse and immediate family.

Proof of membership must be available at registration.

All entrants must sign a Unifor waiver form.

Prizes will be awarded based on total entries.

Please make **Money Order, Certified Cheque, or Local Union Cheque ONLY!!** *NO PERSONAL CHEQUES ACCEPTED*. Payable to: **N.O.R.C. and mail to:**

Christine Robillard, Tournament Director

11 Lesperance Road

Tiny, ON L0L 2J0

ENTRY DEADLINE – OCTOBER 27TH, 2017

For more information contact:

Chris Robillard – chrisrobillard@rogers.com (705) 361-1058

Steve Bottineau – steve.bottineau@trw.com (705) 526-8791 ext. 1124

Bill Edwards – Bill.edwards@trw.com (705) 526-8791 ext. 1158

NATIONAL CURLING APPLICATION FORM

November 4th, 2017



Midland Curling Club

Time: 10:30 A.M. SHARP
(must be registered by 10:00 A.M)

Place: Midland Curling Club
474 King Street
Midland, ON L4R 4L3
(area hotels attached)

Entry Fee: 120.00 per team (\$30 each)
4 players to a team only

DEADLINE: OCTOBER 27, 2017

This Tournament is open to Unifor Members, their spouses and immediate family ONLY. Proof of Membership (or relation) and picture I.D. must be provided.

Please make local union cheque, certified cheque or money order ONLY,
made payable to N.O.R.C. and Mail to:

Chris Robillard, Tournament Director
11 Lesperance Road
Tiny, ON L0L 2J0

***NO PERSONAL CHEQUES ACCEPTED ***

Team Name: _____

Local: _____

Captain: _____

2nd Player: _____

3rd Player: _____

4th Player: _____



LOCAL ACCOMODATIONS

Best Western Highland Inn
Corner of King St and Highway 12
Midland, ON (705) 526-9307

Comfort Inn
980 King St
Midland, ON (705) 526-2090

Chalet Motel
748 Yonge St
Midland, ON (705) 526-6571

Kings Motel
751 King St
Midland, ON (705) 526-7744

Super 8 Motel
1144 Hugel Ave
Midland, ON (705) 526-8288

Midland Inn
720 Prospect Boulevard
Midland, ON (705) 245-1166

PLEASE READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM INDEMNITY IN RELATION TO THE ACTIVITY DESCRIBED HEREIN

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY

By signing this document I declare that I am aware that my participation in the **(National Curling Bonspeil)** to be held **(November 4, 2017)** (the "Activity") to be held at **(Midland Curling Club)** (the "Location") involves risks and dangers to myself including, but not limited to, potential injury, death, personal property damage and economic loss resulting directly or indirectly from any of these (the "Risks"). I further declare that I understand that my participation in the Activity may result either directly or indirectly in injury, death, personal property damage and economic loss to a third party for which I would be responsible (the "Responsibilities").

BY SIGNING THIS DOCUMENT, WITHOUT WHICH I CANNOT PARTICIPATE IN THE ACTIVITY, I personally accept and assume all Risks and Responsibilities and agree to the following:

1. **I AGREE TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Unifor and/or any Unifor Local and/or any Unifor Council, and/or their respective directors, officers, employees, trustees, representatives, and agents (collectively the "**RELEASEES**") in relation to the Risks and/or Responsibilities and/or my presence at or on my way to or from the Location;
2. **I RELEASE THE RELEASEES** from any and all liability for any and all claims that I or my next of kin may have against the Releasees as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
3. **I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any and all liability for claims that any third party may have against the Releasees as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
4. **I AGREE THAT THIS RELEASE SHALL BE EFFECTIVE EVEN IN THE EVENT THERE IS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ONTARIO'S OCCUPIERS LIABILITY ACT OR SIMILAR LEGISLATION IN ANY PROVINCE, ON THE PART OF THE RELEASEES;**
5. **I AGREE THAT THIS RELEASE** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
6. **I AGREE THAT THIS RELEASE** shall be governed by and interpreted in accordance with the laws of the province in which the Location is situated; and
7. **I AGREE THAT ANY LITIGATION** resulting from my participation in the Activity and/or my presence at or on my way to or from the Location shall be brought in the province in which the Location is situated.

By signing this document I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this release.

I have read and understood this document. I acknowledge that by signing this release I am waiving certain legal rights which I or my heirs, successors, executors or administrators etc. may have against the Releasees.

<u>PRINT NAME CLEARLY</u>	<u>SIGNATURE</u>	<u>DATE</u>

*If the participant is under 18 years of age, the signature of a parent or guardian is required.