

National Office  
205 Placer Court  
Toronto, Ontario M2H 3H9



Bureau national  
205 Placer Court  
Toronto (Ontario) M2H 3H9

Jerry Dias  
National President  
Président national

Renaud Gagné  
Quebec Director  
Directeur québécois

Robert J. Orr  
National Secretary-Treasurer  
Secrétaire-trésorier national

**December 14, 2018**

**TO: LOCAL UNION PRESIDENTS, RECORDING SECRETARIES AND  
LOCAL UNION RECREATION CHAIRPERSONS, UNIFOR CANADA  
(ONTARIO ONLY)**

Greetings!

Please find enclosed, National Recreation call letter for the **UNIFOR NATIONAL 5 Pin Bowling Tournament** hosted by **S.E.O.R.C. (South Eastern Ontario) Recreation Council**.

Please arrange to have the enclosed material circulated (and/or posted) to all interested members in your Local.

**Please make special notation that:**

**All participants** will be obligated to sign a Release of Liability Waiver of Claim, Assumption of Risks and Indemnity Agreement prior to the start of their first game.

If you have any questions, please do not hesitate to contact me.

**In solidarity,**

**Tom Dattilo  
National Representative  
Recreation Department**

TD\*kocope343

cc\*J. Dias, B.Orr, S. Doherty, D. Tveit, S. Wark, J. Ahn, C. MacDonald, K. Fortier

\*National Representatives, \*National Recreation Council

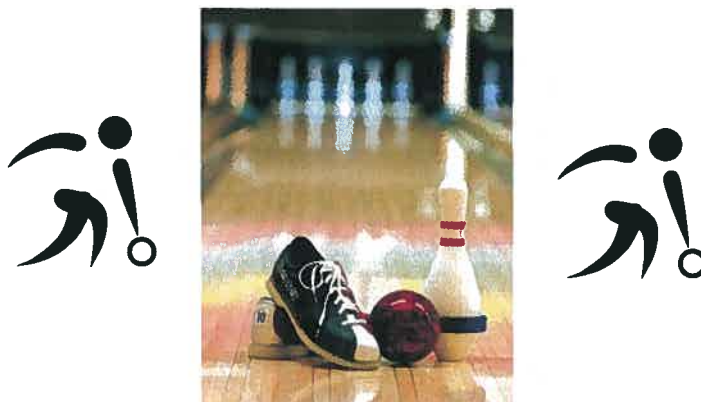
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**JERRY DIAS**  
NATIONAL PRESIDENT



**BOB ORR**  
NATIONAL SECRETARY TREASURER

## NATIONAL 5-PIN BOWLING TOURNAMENT



**Saturday March 2<sup>nd</sup>, 2019**

Hosted by:  
**SOUTH EASTERN ONTARIO  
RECREATION COUNCIL**

To be Held at:  
**NEBS FUN WORLD, 1300 Wilson Road North, OSHAWA, ON  
(905) 723-2631**

Prize Fee ----- \$10.00  
Bowling Fee ----- \$12.00  
Tournament Expenses--- \$3.00  
**ENTRY FEE PER PERSON----\$25.00**

**Start time: 12:00 p.m. Womens and Mens 5 players per team. Sign in 11:00 am**  
**Start time: 3:00 p.m. Mixed 6 players per team. Sign in 2:00 pm**

Please make Certified Cheque, Money Order or Union Cheques ONLY payable to: SEORC and mail along with entry form to: Paul Kelly and John Burns, Tournament Director: c/o UNIFOR Local 222: 1425 Phillip Murray Ave., Oshawa, ON L1J 8L4 (905) 926-3622

**CLOSING DATE FOR ENTIRES: FEBRUARY 22<sup>nd</sup>, 2019**

Each event will consist of 3 games  
Check appropriate one  
5-MEN \_\_\_\_\_ 5-WOMEN \_\_\_\_\_ 6MIXED \_\_\_\_\_.

75% team handicap basis  
from 1500  
Handouts provided by UNIFOR

Captains Name and Team Name	Local Union #	Captains Phone #	Captains Address
Print team line-up in Bowling order Show full name	Name of League	O.B.C #	Highest League Average

**Total Team Average :** \_\_\_\_\_ **Total Team Handicap :** \_\_\_\_\_.

**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 **(SEORC National 5 pin Bowling tournament)** to be held **(March 2, 2019)** (the "Activity") to be held at **(NEBS Fun World in Oshawa)** (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.**

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

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