

Acceptance of Risks and Waiver Form

(For those 18 years of age and older)



WARNING!

By executing this document you will waive certain legal rights. Please read carefully.

I am competing in: (Please check the appropriate box)

Ontario Open, A, B, C, D, E, Closed Open Soft Ball Mixed Doubles Junior Open Junior Closed
 Junior Teams Masters Teams Open Masters Open Doubles B Doubles Closed Masters
 Veteran's Doubles Regional League Team Men's C Doubles Other: _____

Date of event: _____

Club(s) where event(s) are being held: _____

Player

Information

Surname: _____ Given Name: _____

Address: _____ Postal Code: _____

Date of birth for ranking purposes (DD/MM/YY): (___ / ___ / ___) E-mail: _____

My Club: _____

Medical Information

Health Card # (Optional): _____

Physician: _____ Telephone: _____

Medications/allergies: _____

Person to contact in case of emergency

Name: _____ Telephone: _____

Address: _____

Disclaimer

1. This is a binding legal agreement. As a Participant in the sport of squash and the programs, activities and events of Squash Ontario, I acknowledge and agree to the following terms:
2. While participating, I agree to be bound by the Squash Ontario Code of Conduct, the tournament conditions of entry, and I agree to conform to all rules and regulations. I understand that my failure to adhere to the Code of Conduct, tournament conditions of entry or other rules or regulations may result in disciplinary sanctions being imposed upon me.
3. Squash Ontario, Squash Ontario regional squash association, the Hosting Organizing Committee, owners/operators of the facility where the event is being held, sponsors and each of their respective directors, officers, committee members, members, employees, volunteers, officials, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by me during, or as a result of, the sport of squash and any program, activity or event of the Organization, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

I have read and agree to be bound by paragraphs 1 and 3.

Description of Risks

4. I am participating voluntarily in the sport of squash and the activities, events and programs of the Organization. In consideration of my participation in the sport of squash and the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the **risks, dangers and hazards** associated with or related to the sport of squash and any such programs, activities and events of the Organization including injuries which can be **severe and even fatal**. The risks, dangers and hazards include, but are not limited to, injuries from:
 - a) Exerting and stretching various muscle groups and strenuous cardiovascular workouts;
 - b) Vigorous physical exertion, rapid movements and quick turns and stops;

- c) Falling to the floor, colliding with the wall(s) or other players;
 - d) Being hit by racquets or balls;
 - e) Failing to play within one's abilities and within designated areas;
 - f) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g) Spinal cord injuries which may render me permanently paralyzed; or
 - h) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
5. Furthermore, I am aware:
- a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the activities, events and programs;
 - c) That my risk of injury is reduced if I follow all rules established for participation; and
 - d) That my risk of injury increases as I become fatigued.
 - e) That wearing protective eyeguards while playing the sport of squash significantly reduced the risk of eye or related facial injury. Junior players must appropriately wear eyeguards in all Squash Ontario sanctioned events and all players must appropriately wear eyeguards in all Provincial Championships and in all doubles events. I understand that it is strongly recommended that all players appropriately wear protective eyeguards at all times.

I have read and agree to be bound by paragraphs 4 and 5.

Release of Liability

6. In consideration of the Organization allowing me to participate, I agree:
- a) That my physical condition has been verified by a medical doctor to participant in the sport of squash and the activities, events and programs of the Organization;
 - b) To assume all risks arising out of, associated with or related to my participation;
 - c) To waive any and all claims that I may have now or in the future against the Organization;
 - d) To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the sport of Squash and the activities, events and programs of the Organization; and
 - e) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

I have read and agree to be bound by paragraph 6.

Acknowledgement

By typing in your name and the date below and clicking the "I Agree" icon, I acknowledge having read and understood the terms of this agreement, including the description of risks, dangers and hazards. I agree to execute this agreement voluntarily and to be bound by this Legal Agreement, and this Agreement is binding upon myself, my heirs, executors, administrators and representatives.

Name (Please Print)

Date

I AGREE

SQUASH ONTARIO, 308 – 3 CONCORDE GATE, TORONTO, ON M3C 3N7