

# Acceptance of Risks Form

(FOR THOSE 18 YEARS OF AGE AND YOUNGER)



## 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: \_\_\_\_\_

Your Club: \_\_\_\_\_

### Medical Information

Health Card # \_\_\_\_\_

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 by the risks, dangers and hazards associated with the programs, activities and events 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 and may be exposed to such risks, dangers and hazards. 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, dangers and hazards 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 because of the risks, dangers and hazards described herein related to my participation;
- 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 the risks, hazards and dangers described herein.

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

#### **Acknowledgement**

By typing in your name, your parent/guardians name and the date below and clicking the "We Agree" icon, I and my parent/guardian acknowledge having read and understood the terms of this agreement, including the description of risks, dangers and hazards. We 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

\_\_\_ **WE AGREE**