

Acceptance of Risks Form



I am competing in: (please check appropriate box)

Ontario Open, A, B, C, D, E Closed Open Soft Ball Mixed Doubles Junior Open Junior Closed
 Open Masters Open Doubles B Doubles Closed Masters Veterans Doubles
 College & University 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: _____

Acceptance of Risks

I am aware that there are physical risks and hazards inherent in squash and in my participation in a sanctioned squash event which include but are not limited to:

- Muscular injuries resulting from vigorous physical exertion, rapid movements and quick turns and stops on court,
- Injuries to the eyes, teeth, face and other parts of the body resulting from being hit by racquets or balls,
- Bruises, scrapes and other injuries resulting from falling to the floor or colliding with the wall or other players,
- Additional risks associated with my travel to and from the sanctioned competition and associated with non-competitive activities related to the sanctioned event.

By participating in this sanctioned event, I am exposed to these risks. I agree to accept these risks and to release the organizers of responsibility for any injuries I might receive while participating in the sanctioned event. In this agreement I understand "organizers" to include Squash Ontario, Squash Ontario regional squash associations, the Host Organizing Committee, owners/operators of the facility where the event is being held, sponsors and each of their respective directors, officers, employees, coaches, officials, volunteers and members.

I understand that wearing protective eyeguards while playing squash significantly reduces 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.

Acknowledgement

I acknowledge having read and understood the terms of this agreement, including the description of risks. While participating in this sanctioned event, I agree to be bound by the Squash Ontario Code of Conduct and the tournament conditions of entry, and I agree to conform to all rules and regulations. I understand that may 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.

Name of player

Signature of player

Date

To be signed by parent/guardian if player is a minor: I acknowledge having read and understood the terms of this agreement, including the description of risks. I hereby consent to my child/ward's participation in this sanctioned event.

Parent/Guardian Name

Parent/Guardian Signature

Date