

BOXING ONTARIO – ASSUMPTION OF RISK AGREEMENT

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing my minor child/ward to participate in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario. The risks and hazards include, but are not limited to injuries from:
 - a. Physical contact with the instructor, students or other participants;
 - b. Striking students, participants, objects or equipment ;
 - c. Being struck by the instructor, students, participants, objects or equipment;
 - d. Contact, colliding, falling or being struck by other participants, spectators or equipment;
 - e. Executing strenuous and demanding physical techniques;
 - f. Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - g. Exerting and stretching various muscle groups;
 - h. Dry land training including weights, running, circuit training and massage;
 - i. Extreme weather and temperature conditions which may result in heatstroke, sunstroke or hypothermia;
 - j. Falling or colliding with the ring, walls, stands, equipment or with other participants;
 - k. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - l. Spinal cord injuries which may render me permanently paralyzed;
 - m. Travel to and from competitive events and associated non-competitive events which are an integral part of Boxing Ontario’s competitions, programs, activities, and events.
4. Furthermore, I am aware that:
 - a. Injuries sustained to my child/ward can be severe;
 - b. My child/ward may experience anxiety while challenging himself/herself during the competitions, activities, events and programs;
 - c. My child/ward may come into close contact with other participants;
 - d. My child/ward’s risk of injury is reduced if he/she follows all rules established for participation; and
 - e. My child/ward’s risk of injury increases as he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. My child/ward’s physical condition has been verified by a medical doctor within the past twelve months.
7. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
8. I agree to **accept and assume all these risks and hazards** and am responsible for any injury or other loss which my minor child/ward might receive while participating in these competitions, events, activities and programs.
9. If something happens to my child/ward, **I RELEASE** the Canadian Amateur Boxing Association and Boxing Ontario of responsibility and liability for any and all claims, demands, actions, judgements, executions and costs which might arise out of my child/ward’s participation. I understand Canadian Amateur Boxing Association and Boxing Ontario to mean: Canadian Amateur Boxing Association and Boxing Ontario and their respective directors, officers, committee members, members, clubs, employees, coaches, volunteers, officials, judges, participants, agents, and representatives.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Participant

Signature of Participant (Age 15 and Up)

Printed Name of Parent or Guardian

Signature of Parent or Guardian (Child Age 17 and under)

Date

Please **MAIL** completed forms (including Membership, Waiver Form, Medical, Proof of Age) and payment to:
Boxing Ontario, 3 Concorde Gate, Ste 202, Toronto ON M3C 3N7 **FAXES/ EMAILS WILL NOT BE ACCEPTED**