



# Court Time Squash League

## **Acceptance of Risks Form**

I am aware of the physical risks and hazards inherent in squash and in my participation in a 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 competition and associated with non-competitive activities related to the event.

By participating in this league, I am exposed to these risks. I agree to accept these risks and to release the organizers of responsibilities for any injuries I might receive while participating in the league. In this agreement, I understand " organizers " to include LeaSquash Ontario regional squash associations, The Thunder Bay Squash Association Executive, 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 facial injury. Junior (minor) players must appropriately wear eyeguards in this event. 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 league, I agree to be bound by the conditions of entry, and I agree to conform to all rules and regulations.

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Name of player

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Signature of Player

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Date

To be signed by Parent/Guardian if player is a minor ( under 18 ) : 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 league.

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Parent/Guardian Name

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Parent/Guardian Signature

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Date