

P.W.S.A

Long Term Player Development Clinic Participation Form

General Information

First Name: _____ Last Name: _____
Address: _____ Postal Code: _____ Province _____
City: _____ Phone number: _____
Date of Birth: / / (MM/DD/YYYY) _____ Email: _____

Additional Information

Years of Playing Experience: _____ Local Softball Association Play(ed) for _____
Location of Clinic: St. Catharines Instructor: _____

Participant Agreement

In consideration of being allowed to participate in any way in the P.W.S.A Long Term Player Development Program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist: and
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE and HOLD HARMLESS, P.W.S.A, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT.

I hereby give permission for my photograph to be taken and used by P.W.S.A for publication of the photograph in brochures, websites, leisure guides and other promotional materials created by P.W.S.A, including permission for PWSA to copyright the photograph in its name. The purpose of the promotional materials is to encourage people to participate in the sport of softball, and to utilize P.W.S.A's programs and services.

The purpose of gathering the information on this form is to provide PWSA with the information needed to administer the Association's programs and services. Please note that P.W.S.A is committed to respecting the privacy of our members, our volunteers, and our employees, by adhering to the privacy principles set forth in The Personal Information Protection and Electronics Documents Act (PIPEDA). P.W.S.A's privacy policy may be viewed on PWSA's website at www.ontariopwsa.com.

X _____ Participant shirt size _____
PARTICIPANT SIGNATURE

X _____ DATE SIGNED: _____
WITNESS

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provided above.

X _____ x _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X _____ x _____
WITNESS DATE