

## WAIVER AND RELEASE OF LIABILITY

**This form must be completed by athletes, coaches and team leaders**

In consideration of entering and participating in the 2015 Canadian Senior Weightlifting Championships (the "Competition") and any and all activities related to the Competition, the undersigned acknowledges and agrees that:

The risk of injury from the activities involved in the Competition is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, coaching and personal discipline may reduce this risk, the risk of serious injury exists.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation.

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 hazard immediately to the attention of the Canadian Weightlifting Federation Halterophile Canadienne, the Ontario Weightlifting Association and/or its officials immediately;

I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS THE ONTARIO WEIGHTLIFTING ASSOCIATION, THE CANADIAN WEIGHTLIFTING FEDERATION HALTEROPHILE CANADIENNE AND THE UNIVERSITY OF TORONTO - MISSISSAUGA CAMPUS, THEIR RESPECTIVE OFFICERS, DIRECTORS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO HOST TRAINING OR CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (for participants under the age of 18) \_\_\_\_\_

## MEDIA CONSENT AND RELEASE FORM

I, \_\_\_\_\_, hereby consent to the collection and use of my personal images by photography or video recording without any compensation whatsoever. I acknowledge these may be used on, but not limited to, the Canadian Weightlifting Federation Halterophile Canadienne's (CWFHC) and/or Ontario Weightlifting Association's (OWA) website, in newsletters and publications as well as distributed to members. I further acknowledge that my image may be used by the CWFHC and/or the OWA to promote the sport of weightlifting in the future. I understand that no personal information, such as names, will be used in any publications unless express consent is given. I also understand that my consent can be withdrawn at any time in writing to the CWFHC executive board. I give this consent voluntarily.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (for participants under the age of 18) \_\_\_\_\_