# SPAD HOCKEY TOURNAMENT

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT - ADULT

**WARNING: BY SIGNING THIS DOCUMENT YOU ARE ASSUMING BOTH PHYSICAL AND LEGAL RISKS AND YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

In consideration of being allowed access and usage in any way of the Laurentian University SPAD Recreational Activity, the undersigned acknowledges, appreciates and agrees that:

1. **As a Participant in any physical activity, I am fully aware that serious injury could result,** including FRACTURES, SPRAINS, BROKEN BONES, CONCUSSIONS, CUTS OR ABRASIONS, FAINTING, LIGHT HEADEDNESS, CHEST DISCOMFORT, CRAMPING, MUSCLE PULLS OR TEARS, INCREASED LOAD ON THE HEART, LEG CRAMPS OR OTHER INJURY OR ILLNESS OR EMOTIONAL TRAUMA, PARALYSIS, DISABILITY OR DEATH, caused by, but not limited to: use, misuse, non-use and failure of some equipment, impact with obstructions, other participants, officials or spectators, falling and impacting against the floor or ice surface, rink boards, changes or variations in slipperiness of the floor or ice surface including holes, depressions, bumps, and wet conditions;

2. **I** KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE ON THE PART OF OTHER COMPETITORS, OFFICIALS, VOLUNTEERS, ORGANISERS, INSTRUCTORS, AND NEGLIGENCE ON THE PARTS OF RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS INCLUDING THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM and assume full responsibility for my participation; and,

3. **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,

4. Particular rules, equipment, and personal discipline may reduce the activity risks, but **I fully acknowledge that I am personally responsible for my conduct, knowledge of my physical and mental abilities or inabilities to participate in this activity**; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Laurentian University, their officers, officials, agents and/or employees, other participants and students ("Releasees") in any way associated with the participant's presence at Laurentian University or Laurentian University Recreational Event, 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 ASSUMPTIONS 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.**

X_____ Student # : _____ X_____

(Participants Signature) (PRINT NAME)

X_____ Date Signed:_____

(Witness Name & Signature)

LaurentianUniversity
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THE LEAGUE

**ONTARIO Freedom of Information and Protection of Privacy Act (FIPPA):** Personal information contained on this form is collected pursuant to *The Laurentian University of Sudbury Act, 1960*. This information will be used for the purposes of administering Risk Management Programs, and as necessary and proper in the execution of various related authorized functions and activities. The information will be used and disclosed as a record of facts or details of events that occur or will occur as part of curriculum or in some manner is related to Laurentian University activities or operations, and may be disclosed internally to Health Services, Occupational Health and Safety, and externally to University insurer(s) when so required, in conjunction with internal record keeping and reporting protocol. Questions about this collection and disclosure should be directed to the Risk Manager, Procurement, Contract and Risk, 935 Ramsey Lake Road, Sudbury, ON, P3E 2C6, (705) 675-1151, ext. #1534.

## PAR-Q *(Physical Activity Readiness Questionnaire)*

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. ***If you are over 69 years of age, and you are not used to being very active, check with your doctor.***

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

| YES | NO | |
|---|---|---|
| ☐ | ☐ | **1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?** |
| ☐ | ☐ | **2. Do you feel pain in your chest when you do physical activity?** |
| ☐ | ☐ | **In the past month, have you had chest pain when you were not doing physical activity?** |
| ☐ | ☐ | **4. Do you lose your balance because of dizziness or do you ever lose consciousness?** |
| ☐ | ☐ | **5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?** |
| ☐ | ☐ | **6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?** |
| ☐ | ☐ | **7. Do you know of <u>any other reason</u> why you should not do physical activity?** |

**IF YOU ANSWERED *YES* TO ONE OR MORE QUESTIONS...**
Consult with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.

**IF YOU ANSWERED *NO* TO ALL QUESTIONS...**
If you answered NO honestly to **all** PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal; this is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.
- It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**YOU SHOULD DELAY BECOMING MORE ACTIVE:**

- if you are not feeling well because of a temporary illness such as a cold or a fever
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

***I have read, fully understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.***

**Initial: _____**