

## Recreational (non-sparring) Membership Form

Registration Year: 2021      Affiliated Club Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email Address: \_\_\_\_\_  
DD/MM/YY Male/Female

Fee \$20.00 Payment Enclosed

### WAIVER OF LIABILITY

This is a binding legal agreement. As a Participant in the competitions, programs, activities and events of the Canadian Amateur Boxing Association, Boxing Ontario and the undersigned acknowledges and agrees to the following terms:

#### Description of Risks

1. In consideration of my participation in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. 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 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.
2. Furthermore, I am aware:
  - a) That injuries sustained can be severe;
  - b) That I may experience anxiety while challenging myself during the activities, events and programs;
  - c) That I may come into close contact with other participants;
  - d) That my risk of injury is reduced if I follow all rules established for participation; and
  - e) That my risk of injury increases as I become fatigued.

#### Release of Liability and Disclaimer

3. In consideration of the Canadian Amateur Boxing Association and Boxing Ontario allowing me to participate, I agree:
  - a) That my physical condition has been verified by a medical doctor within the last six (6) months;
  - b) To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of these risks;
  - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
  - d) To **RELEASE** and **DISCHARGE** the Canadian Amateur Boxing Association and Boxing Ontario collectively its respective directors, officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, agents and representatives from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participating, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence of the Canadian Amateur Boxing Association or Boxing Ontario.

#### Acknowledgement

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature (Parent or Guardian if 17 or under)

\_\_\_\_\_  
Date

**CONSENT FOR USE OF PERSONAL INFORMATION, COMMERCIAL MESSAGES AND PHOTO RELEASE**

I, the participant and/or parent/guardian, authorize Boxing Canada and Boxing Ontario to collect and use personal information about me or my child/ward for the purpose of receiving communications (newsletters, publications, announcements, invitations and other news or information) from Boxing Canada and Boxing Ontario and posting articles of interest, newsletters, promotions, statistics, images and results on Boxing Canada and Boxing Ontario's website. This consent is in compliance with the Personal Information Protection and Electronic Documents Act and the Canadian Anti-Spam Legislation.

Furthermore, I, the participant and/or parent/guardian, grant permission to Boxing Canada and Boxing Ontario to photograph and/or record my or my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote Boxing Canada and Boxing Ontario through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that the audio/visual material and copyright will remain the sole property of Boxing Canada and Boxing Ontario and I waive any claim to remuneration for use of audio/visual materials used for these purposes.

I understand that I may withdraw such consent at any time by contacting Boxing Canada's and/or Boxing Ontario's Privacy Officer or emailing [info@boxingontario.com](mailto:info@boxingontario.com). The Privacy Officer will advise the implications of such withdrawal. We do not sell or distribute your personal information to any other third party not listed herein. \*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please **MAIL/E-MAIL/FAX** completed forms (including Membership, Waiver Form, Medical, and PRC where applicable) and payment to: **Boxing Ontario, 3701 Danforth Ave | Scarborough, ON | M1N 2G2 | FAX: 416-426-7491**

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## BOXING ONTARIO - CONCUSSION CODE OF CONDUCT

### For Participants – Annual:

I confirm that:

(a) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

### If am under 18 years of age, my parent/guardians confirm that:

(c) Each has reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(d) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

### For Coaches, Team Trainers and Officials – Annual:

I confirm that:

(e) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and

(f) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/coaches-concussion-code-of-conduct/>) and that I will implement it in all activities sanctioned by Boxing Ontario.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

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\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

### Or if coaching/officiating under 18 years old:

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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