



## CTAC Athlete Test Drive Information and Waiver

Please take a moment to read this document and fill in the required information below. This information allows our coaches to keep track of athletes that are joining us for the first time.

**Please send this form to our club manager at [info@centraltorontoac.ca](mailto:info@centraltorontoac.ca).**

**For insurance purposes, you will be required to pay for a Recreational Membership with Athletics Ontario in order to do a test drive (\$5 if born in 2009 or later and \$20 if born in 2008 or earlier). These fees can be used toward a full Athletics Ontario membership at a later date.**

Athlete's Name: \_\_\_\_\_

School Grade: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Contact Parent's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

By agreeing to this document you will waive certain legal rights, PLEASE READ CAREFULLY.

IN CONSIDERATION of participating in, or allowing my minor child/ward to participate in the athletic events of CTAC, I ASSURE TO YOU THAT:

1. I, or as the undersigned Guardian I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that I or my minor/ward am physically, emotionally and mentally able to participate in the programs, activities and events of the CTAC.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the athletics events of CTAC. The risks and hazards include, but are not limited to injuries from:

- a) Running;
  - b) Executing strenuous and demanding physical techniques;
  - c) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements, quick turns and stops;
  - d) Exerting and stretching various muscle groups;
  - e) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia;
  - f) Falling or colliding with the ground, walls, stands, equipment or with other participants;
  - g) Falling due to uneven or irregular terrain or surfaces;
  - h) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - i) Contact or being struck by other participants, spectators, equipment or vehicles;
  - j) Spinal cord injuries which may render one permanently paralyzed;
4. Travel to and from competitive events and associated non-competitive events which are an integral part of CTAC's races, activities and events.
4. Furthermore, I am aware that:
    - a) Injuries sustained to myself or my child/ward can be severe;
    - b) I or my child/ward may experience anxiety while challenging himself/herself during the competitions, activities, events and programs;
    - c) I or my child/ward may come into close contact with other participants;
    - d) I or my child/ward's risk of injury is reduced if I/he/she follows all rules established for participation; and
    - e) I or my child/ward's risk of injury increases as I/he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering myself or my child/ward willingly and I/my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks as described above and I/my child/ward will be exposed to these risks and hazards.
7. I agree to accept and assume all these risks and hazards and am responsible for any injury or other loss which I or my minor child/ward might receive while participating in these athletic events.
8. If something happens to myself/my child/ward, I RELEASE the CTAC of responsibility and liability for any and all claims, demands, actions, judgements, executions and costs which might arise out of my or my child/ward's participation. I understand CTAC to mean: Central Toronto Athletic Club and respective directors, officers, committee members, members, employees, volunteers, officials, judges, participants, sponsors, facilities where the activity occurs, agents and representatives. I ACKNOWLEDGE MAKING THIS AGREEMENT I have read and understood the terms and conditions of this agreement, and by checking the AGREE BOX voluntarily below, I am agreeing to abide by these terms.

\_\_\_\_\_  
Parent's Signature (or athlete signature if athlete is 18 years of age or older)

\_\_\_\_\_  
Date