



**FORM WOS3 – WUSHUONTARIO Competition Individual Participation Waiver Form
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

Event Date: August 3-4, 2024 Event Name: 2024 Wushu Sports Festival & National Championship

Event Location (venue): Markham Pan Am Centre – 16 Main St Unionville, Markham, ON L3R2E4

Event Type: Sanda: _____ Taolu: _____ Weight: _____ Class: _____

As a Participant in the competitions, programs, activities and events of WushuCanada and WushuOntario 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 WushuCanada and WushuOntario, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. **Wushu Sanda is a full contact combative sport.** The risks and hazards with both Combat and Non-Combat Taolu include, but are not limited to, injuries and/or death 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, sunstroke 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 Wushu Canada and Wushu Ontario competitions, programs, activities, and events.

2. Furthermore, I am aware:

- a) That injuries sustained can be severe particularly in a full contact combat sport such as wushu sanda;
- 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 Wushu Canada and WushuOntario allowing me to participate, I agree:

- a) That my physical condition has been verified by a medical doctor within the last twelve (12) months for the purposes of participating in a full contact combative sporting event;
- 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** Wushu Canada and WushuOntario collectively its respective directors, officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, event venues, 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 WushuCanada and WushuOntario.



Acknowledgement

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

Yes ___

No ___

Name of Participant (Please Print)

Address

Phone Number

Signature of Participant

Date

Name of Coach

Address

Phone Number

Name of Club or School

Participants under age of 18:

Name of Parent or Guardian (Please Print)

Address

Phone Number

Signature of Parent or Guardian

Date