

**ATHLETICS ONTARIO**  
(A BRANCH OF THLETICS CANADA)

3 Concorde Gate, Suite 211  
Toronto, ON M3C 3M7  
Phone: (416) 426-7215  
Fax: (416) 426-7358  
Email: [ontrack@eol.ca](mailto:ontrack@eol.ca)  
[www.athleticsontario.ca](http://www.athleticsontario.ca)

**2013 ATHLETICS ONTARIO  
NON-COMPETITIVE ATHLETE REGISTRATION FORM**

Membership fees include 13% HST (#104002357RT) and the Athletics Ontario Insurance Package. (For details of coverage please consult your club.)

Membership in the Non-Competitive category does not entitle a member to compete in Athletics Ontario sanctioned events. Upgrading to Competitive Membership Category is encouraged. The fee to upgrade will be the difference between the new fee and the \$15.00 already paid.

Athletics Canada #

CLUB NAME (If Applicable)	<input type="text"/>																								
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>																						
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COACH ( If Applicable)	<input type="text"/>		CITIZENSHIP	<input type="text"/>																					
ADDRESS (include apartment number if applicable)																									
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CITY	PROVINCE		POSTAL CODE																						
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TELEPHONE	<input type="text"/>		E-MAIL ADDRESS	<input type="text"/>																					

**Waiver**

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2013 calendar year, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my registration as a member of Athletics Ontario or my participation in any Athletics Ontario sponsored and/or sanctioned event in the 2013 calendar year, whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

**IF THIS WAIVER IS ALTERED YOUR REGISTRATION WILL BE REJECTED.**  
PLEASE NOTE:

\*This form must be signed by **the applicant** and, if the athlete is under 18, a **parent or legal guardian**.

\*Upon acceptance as a member of Athletics Canada, Ontario Branch (Athletics Ontario), the applicant agrees to abide by the rules, procedures and Code of Conduct of Athletics Canada and Athletics Ontario.

\*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club in that calendar year.

**2013**

**Athletics Ontario Drug Use and Doping Control Policy**  
(Available through your club or the Athletics Ontario office)  
**AGREEMENT**

In consideration of being a member of Athletics Ontario and my subsequent participation in all Athletics Ontario programs, I agree to adhere to and support the Athletics Ontario Drug Use and Doping Control Policy. I acknowledge that I have read and understand the Athletics Ontario Drug Use and Doping Control Policy. More specifically, I agree to support, uphold and abide by the Athletics Ontario Position Statement included in the Athletics Ontario Drug Use and Doping Control Policy.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE (If Applicant is under 18 years of age)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXPIRY DATE: 12/13**

**WHEN COMPLETE FORWARD THIS FORM AND APPROPRIATE FEE TO YOUR CLUB REGISTRAR  
UNATTACHED NON-COMPETITIVE MEMBERS CAN SEND THEIR FORM AND FEE DIRECTLY TO ATHLETICS ONTARIO**  
(address shown at top)

## ASSUPTION OF RISK AND RELEASE OF LIABILITY

**NOTE:** By signing this agreement you are agreeing to the terms herein, which terms include a waiver of certain legal rights, including your right to sue. PLEASE READ CAREFULLY.

**TO:** GEORGIAN TRIANGLE RUNNING CLUB (“GTRC”), and their respective directors, officers, employees, agents, volunteers, independent contractors, representatives, successors and assigns (hereinafter referred to as the “Releasees”)

**FROM:** \_\_\_\_\_  
(Parent or legal guardian must accept on behalf of a child under 18 years of age)

As part of my consideration for membership in the GTRC for this membership year, I agree to the following terms:

### 1. Assumption of Risks

- (a) I am aware that participation in running involves many risks, dangers and hazards including, but not limited to: changing weather conditions; variation or changes in the terrain including holes, loose gravel, rocks, mud, creeks, etc.; impact or collision with other runners, spectators or course officials; impact or collision with trees, tree stumps, forest deadfall, rocks, or other natural or man-made objects on or adjacent to the running terrain; encounters with wildlife; travel on beaches, highways and back-country roads; becoming lost or separated from running participants, guides or instructors; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF RUNNING. I am also aware that the risks, dangers and hazards referred to above exist throughout the terrain used for running and may be unmarked.
- (b) I am aware of the risks, dangers and hazards associated with running, and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom. I also accept responsibility for any personal or property damage caused by or as a result of my participation in running.

### 2. Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of the Releasees permitting me membership in the GTRC, and permitting my involvement in GTRC runs, events, programs, etc. and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree

- (a) To waive any and all claims that I have or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, injury including death, or expense that I may suffer, or that my next of kin may suffer, either directly or indirectly, as a result of my participation in running and my membership in the GTRC, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of the Releasees, and including the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of running;
- (b) To hold harmless and indemnify the Releasees for any claims or demands resulting from any property damage or personal injury to any third party, which might be made against the Releasees resulting from my participation in running and my membership in the GTRC;

- (c) That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- (d) This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction;
- (e) That any litigation involving the parties to this Agreement shall be brought within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario; and
- (f) In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of running, or my membership in the GTRC, other than what is set forth in this Agreement.

**3. Authorization for use of personal image and email address**

In consideration of the Releasees permitting me membership in the GTRC, and permitting my involvement in GTRC runs, events, programs, etc. and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby authorize

- (a) The GTRC to use my image in print or video for the promotion of the GTRC, and in the event of such use, no compensation shall be payable; and
- (b) The GTRC to use my email address for purposes of GTRC communication.

I have read and understand this Agreement and the terms and conditions herein and I am aware that by agreeing to the terms I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and representatives may have against the Releasee.

I AGREE,

\_\_\_\_\_  
Signature of membership applicant

\_\_\_\_\_  
Witness as to the signature of the membership applicant

\_\_\_\_\_  
Printed name of membership applicant

----- **OR** -----

I DO NOT AGREE,

\_\_\_\_\_  
Signature of membership applicant

\_\_\_\_\_  
Witness as to the signature of the membership applicant

\_\_\_\_\_  
Printed name of membership applicant

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person 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.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much 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 that 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.

### DELAY BECOMING MUCH MORE ACTIVE:

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

**PLEASE 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.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

