



ONTARIO BLIND SPORTS ASSOCIATION VOLUNTEER APPLICATION FORM

Please complete the following information and return it by mail or email to the address at the bottom of the form. Thank you!

Date: ____/____/____

GENERAL INFORMATION

Name:		
Last:	First:	Middle Initial:

Sex: [] M [] F	Date of Birth:		
	Month	Day	Year

Mailing Address:		
Apt#:	City:	Province/State:
Postal Code:	Country:	
E-mail Address:		
Phone: Home: ()	Business: ()	Fax: ()

HEALTH INFORMATION

Health Insurance #:
Health Information (i.e., allergies, medication, etc.):

EMERGENCY CONTACT

Emergency Contact:	Relationship:
Phone: Home ()	Business: ()

PLEASE READ THE INFORMATION BELOW AND SIGN ALL OF THE RESPECTIVE SPACES BELOW:

I Consent to Comply with the OBSA Governing Documents (Appendix A)

Member's Signature:	Date:
Guardian's Signature: (if athlete is under 18 years of age)	Date:

I Agree to the Terms of the Waiver and Release of Liability (Appendix B):

Member's Signature:	Date:
Guardian's Signature: (if athlete is under 18 years of age)	Date:

I Agree to the Use of Personal Information and Photo Release (Appendix C):

Member's Signature:	Date:
Guardian's Signature: (if athlete is under 18 years of age)	Date:

PLEASE RETURN YOUR VOLUNTEER APPLICATION FORM TO:

ONTARIO BLIND SPORTS ASSOCIATION

W (416) 855- 0972

101-100 Sunrise Ave, Toronto

Toronto, ON M4A 1B3

WEBSITE: www.blindsports.on.ca E-MAIL: info@blindsports.on.ca

APPENDIX A

Consent to comply with the OBSA Governing Documents

1. Upon acceptance as a member of the Ontario Blind Sports Association, I agree to abide by the rules and procedures of the Association as approved through Rules, by-Laws and Regulations. As a member of the Association I shall uphold the high standards of the Association and shall never do anything to damage the reputation of the Association.
2. I understand and agree that the Association and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract will result in the immediate termination of my membership.

APPENDIX B

Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Ontario Blind Sports Association athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, 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. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND

HOLD HARMLESS the Ontario Blind Sports Association

their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), 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 ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

APPENDIX C

Consent for Use of Personal Information and Photo Release

1. I, the participant and/or the parent/guardian, authorize the Ontario Blind Sports Association (OBSA) to collect and use personal information about me or my child/ward for the purpose of receiving communications (newsletters, publications, promotions, images and results) from the Ontario Blind Sports Association and articles of interest, newsletters, promotions, images and results on the clubs website. This consent is in the compliance with the Personal Information Protection and Electronic Documents Act and the Canadian Anti-Spam Legislation
2. Furthermore, I, the participant and/or the parent/guardian, grant permission to the Ontario Blind Sports Association 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 the Ontario

Blind Sports Association through the media of newsletters, websites, television, film, radio, print/or display form. I waive any claim to remuneration for use of use of audio/video materials used for these purposes.

3. I understand that I may withdraw such consent at any time by contacting the Ontario Blind Sports Association's staff. The staff member will advise the implications of such withdrawal.